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FOR STATE REGISTRAR STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8 2

REG. NO.

27/

EST

		E OR PRINTS		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		HAZE	L BE	CATRICE		ALLEN	NOVEMBER	5. 19	82	10:50PM
	3. SE:	X	4 RACE		5. DATE O		6 AGE (IN YEARS LAST		IF UNDER I YEAR	
1		emale	Black		Aug	ust 10, 1892	90	YRS.	MONTHS DAYS	HOURS MIN.
χ,	70 BI	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
0		est Virginia	U.S	.A.	WIDOWE		ANNE A	RUNDET.	COUNTY	MD
7,	10 C	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	17h KIND C	OF BUSINESS OR
t.		GLEN BURNIE	NORTH	ARUNDEL	HOSPI	ral .	Home ma	r of working L	Own .	Home
6	13a. S	AL RESIDENCE (IF NURSING HOST	or other institution of the control	13c CITY OR TOW Ronceve	/N		13e STREET ADDRESS	S		0.4070
1		irginia	Ditei	Konceve	er ce	YES NO X	509 E.	Main	St.	24970
3	1750	11en	MIDDLE	Pack		Mary Mary	Anne		Good	ďwin
27	160 V	WAS DECEASED EVER IN U.S.		166 SOCIAL SECU		17. INFORMANT (Dau	ahter) ADD	RESS 791	7 TOW	or Ct Pa
5	()		A A	129-18-	-5257	Mrs. Mario	n V. Jor	dan	Severn	, 2Md 44
7	CERTIFICATION	Conditions, if any, which gove rise to immediate cause 101, stoting the underlying cause lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	DUE TO, O		DEATH BUT	NOT RELATED TO THE TERMI	20a AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USED S OF DEATH?
	ERT	710. ACCIDENT WAS UNDERLYING	71b TIME O	C INTITION		The How Million occurs	YES NO		ES 🗌	NO 🗌
1		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURR	(ED) { ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME STR	OF INJURY EET, FACTORY, OFFICE F	ARM, ETC)	71f LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
		22a L certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	on	15 19	2. or	, 19	death occurred on the			that (I) (we) lost couses stated
,		27b. SIGNATURE	1	11		DEGREE YENDING YSICIAN [MEDICAL ST DIRECTOR PHYS	AFF ICIAN [22c. DATE	SIGNED
	1	226 PHYSICIAN'S NAME (TY	PE OR PRINT)		/	3236 M	OUNTAIN RO	DAD		
		HAMID A. TOW		.D.			NA, MD. 2			
	23a B	BURIAL, CREMATION, REMOV	inovem.	JEJ F		EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Burial	9, 1	982 H:	ıntor	Cemetery	Hinton	Summ	ier	W.Va.

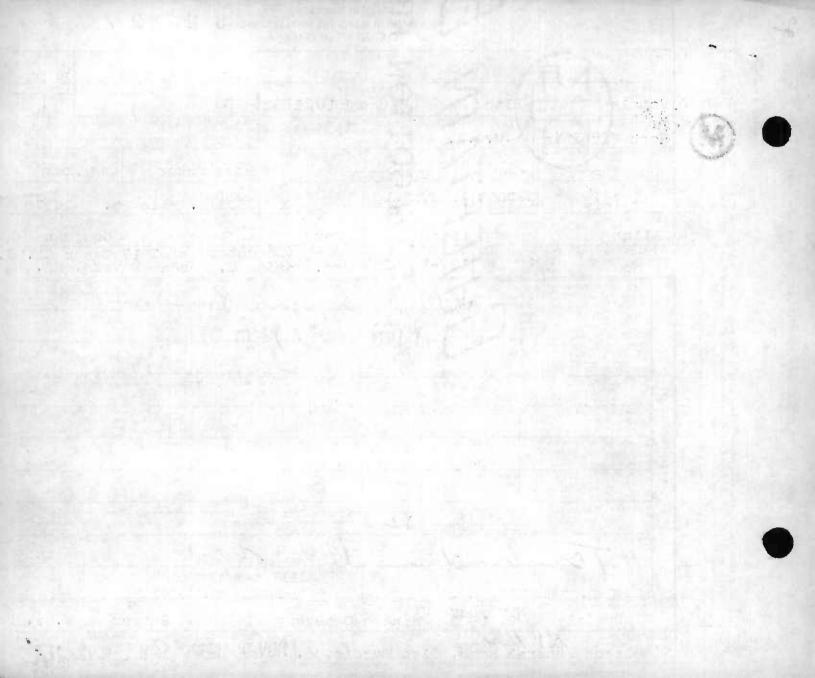
Singleton Funeral Home, Glen Burnie, Md. 1250. DATE REC'D. BY REGISTRAR 256 DEGISTRAR'S SIGNATURE NOV 9 1982

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

O FUNERAL DIRECTOR

IMPORTANT: If hem 2

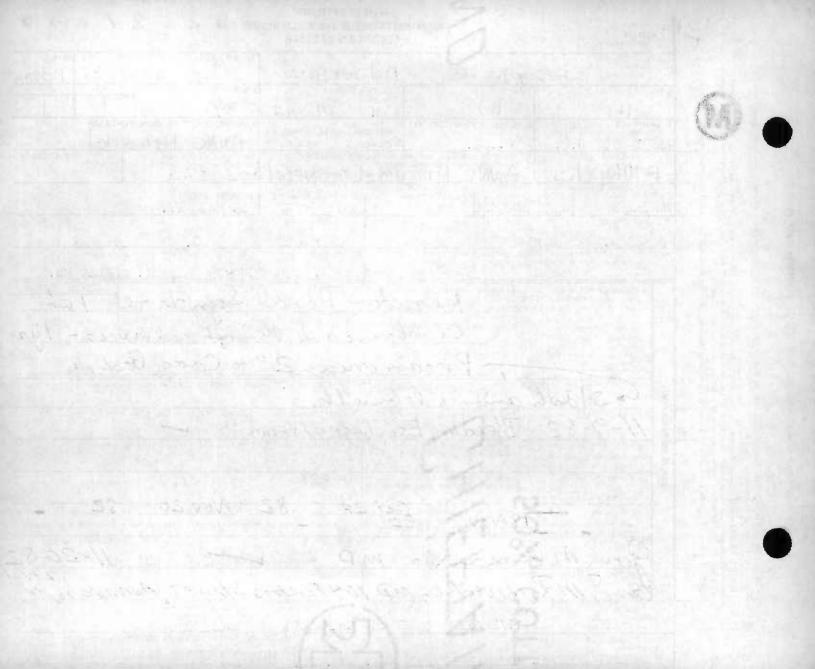


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO HOWARD S MIDDANDERSON DECEASED NAME 20. DATE KNOWN 7b. HOUR (TYPE OR PRINT) ESTI-ANDERSON S. DOWARD DEATH MATED IF UNDER 1 YR. 2d. HOUR 4 RACE 6. AGE (IN YEARS IF UNDER 24 HR DATE LAST BIRTHDAY) PRONOUNCED White June 6, 23 59 YRS DEAD 10 8 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? 7g BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Mary Land U. S. Aure prundel. DIVORCED WIDOWED 128. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Laboratory Tech. THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 245 Wendover Rd. 113b. COUNTY Riviera Bch. 13d. INSIDE CITY LIMITS? (21122)NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Slade RIDDLE Elizabeth Anderson Andrew 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO 60. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN 213-20-4506 Esther Lou Anderson (same as 13e) 18. CAUSE OF DEATH (Enter only one couse per land to the and s). BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE AATION, OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION E DEPARTMENT OF HE 19s DATE OF OPERATION USED / 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [NO K HIL EXTERNAL CAUSE WAS 716 TIME OF INJURY THE HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR FART 25 HOUR AM MONTH DAY YEAR UNDERLYING WEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY STREET FACTORY, FARM, 81C 1 DTREET CITY OF TOWN WHILE AT WORK 9.0.€0 40 EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 Inspection / and in my apinian 22a. I certify that I took charge of the remains described above, held on Autapsy Inquiry Accident Hamicide L Undetermined manner TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 730 BURIAL CREMATION REMOVAL 736 DATE Md. Madonna Burial 11/17/82 Bethel Pres. Cem. BP_ Balto., Md. 21225 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Gonce F.H. **DHMH-17** 4001 Ritchie How (VR A15 ME (5) 15M 2/80

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DIVISION OF VITAL RECORDS.

STATE OF MARYLAND

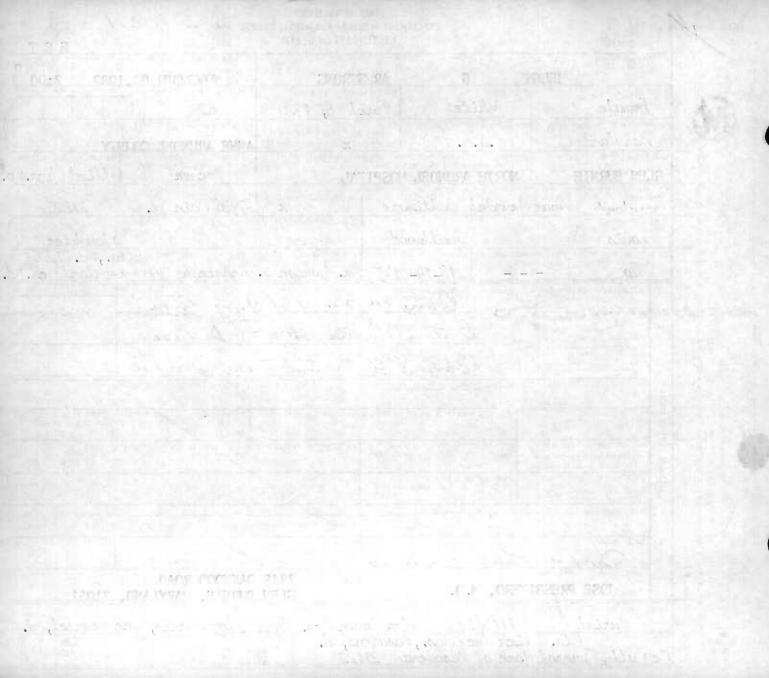


1	-	STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	Э.	' '	
1. C	DECI TYPE C	EASED NAME FIRST PRINTS	#	Al.	der	son SR.	20. DATE OF DEATH	-LD-	82	26 HOUR 93%
M)	SEX	M	1. RACE 2	- B.	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
521	CC	THPLACE (STATE OR FOREIGN DUNTRY) YLAND		WHAT COUNTRY?		NEVER MARRIED	9. BALTIMORE CITY OF	Co.	OF DEATH	
	CIT	Y OR TOWN OF DEATH		OSPITAL, NURSIN	AODRESS)	D DIVORCED DIVORCED DIVORCED DIVORCED	12a. USUAL OCCUPATIO	N		MD. OF BUSINESS OR
130 130	sUAI a. ST	L RESIDENCE (IF NURSING HOME O ATE 13b. COU YLAND A.	NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW ANNAPOL	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	treet		
6.20			MIDOLE KN OWN	LAST		15. MOTHER'S MAIDEN NA FIRST MARY	WE	WO	ODWARD	л
the medicol			RMED FORCES? VE WAR OR OATES)	166 SOCIAL SECU	RITY NO.	MARY ANDERS	ADDRE		napoli	S, Md.
or to burial, cremation, or ren y injury, or other troumatic ev	5	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OF		NCE OF					
8 shows any a shows a shows any a shows a		9a. DATE OF OPERATION			OPERATIO	N WAS PERFORMED	20€ AUTOPSY? YES □ NO□	IN CERTIFY YES		
d or frem 18 s		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE-OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	ATH HOUR A./ R) P.A 210. PLACE C	A. MONTH DA	19	211. LOCATION	RED (ENTER NATURE OF INJUR		RT OR PART 2}	STATE
Nem 21 is marke		WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hosp saw the deceased alive an obove, (I) (we) (did not alive an obove).	ital) attended the	0.8210	, &	d that in (my) (aur) opinian DEGREE ATTENDING		0 ► , 1 te and have	ond from the	that (I) (we) last causes stated
with the State	a. Bl	F-M-SH	+1PL	= Y N 23c N	IAME OF C	EMETERY OR CREMATO	23d. LOCATION	my		
	-	BURIAL NERAL DIRECTOR	11-15	11 11 01		REST CEMETERY	ANN APOL			STATE [ARYTAND
		- NAME	SONS MOR!	apolis, P.	A.		NOV 1 6 19	32	blug	2. Come

STATE OF MARYLAND

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18	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 2 2	7 / 3 8 FST
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		HELE		ARMSTRONG	NOVEMBER 04	
x	J. SE	Female	4. RACE White	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
0		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	April 8, 1920	9 BALTIMORE CITY OF COUNT	Y OF DEATH
225		Paryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED X DIVORCED		
54		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDEL	NG HOME OR OTHER INSTITUTION (ADDRESS)	12a USUAL OCCUPATION (TYPE OF WARK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR
\$35	130, 5	STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	702	21226
C. Z.O	14. FA	Louis	Smallus	od 15. MOTHER'S MAIDEN Agres	NAME	Slaughter
medical	16a V	VAS DECEASED EVER IN U.S. ARI (15 M) OR UNKNOWN) (15 YES, GIVI	MED FORCES? 16b. SOCIAL SECUL E WAR OR DATES) 218-14-1	4.	D. Annstrong 308	lto., 11d. 21226
r ta burial, crematian, ar r injury, or other traumatic	NOI	Conditions, if any, which gave thise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO	ENCE DE Structive	June Diverse terminal bisease or condition gi	VEN IN PART 1(a)
nows any in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
Hem 18 s		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)		AY YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
orked or Item 18	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
e Dept. of Healt If Item 21 is ma	0	22a.1 certify that (1) (this hospit saw the deceased alive an above, (1) (we) (did) (did nat 22b. SIGNATURE) view the bady after death.	DEGREE ATTENDIN	nion death accurred an the date and ho	, 19, that (I) (we) last ur and from the couses stated
with the State		22d PHYSICIAN'S NAME (TYPE OF	TERO, M.D.	PHYSICIA 22e. ADDRESS 78 GL	45 OAKWOOD ROAD EN BURNIE, MARYLAN	D, 21061
	23a. B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	1-1	NAME OF CEMETERY OR CREMATO Len Haven Mem. Po	CITY OR JOWN	ne Anundel Md.
M 1/81 4)	24 FL Mc	Cully Funeral		asadena, Md. 250.	NOV 9 1982	TRAR'S SIGNATURE



	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 7 / CERTIFICATE OF DEATH REG. NO.	3 9
moy of the section of		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR William Balland 11-2-82 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	2b. HOUR 4554 M IF UNDER 24 HRS
Poge 4	7a. B	Nale RTHPLACE (STATE OR FOREIGN COUNTRY)	Th. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH	HOURS MIN.
free death	14	TY OR TOWN OF DEATH	USA WIDOWED DIVORCED Anne Arunde	MD. PF BUSINESS OR
10 21201 14 hours o	USU Ila	E WATER ESIDENCE (IF NURSING HOME OR TATE	Projection Give residence from admission) INTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 138. STREET ADDRESS	5-60VT
MARYLAN ed within 2 ed within 2 ed within 2	A	THER'S NAME	MIDDLE LAST TO 246 40th St M.W. 15. MOTHER'S MAÎDEN NAME MIDDLE LAST TO 18 P. MIDDLE LAST	т
TIMORE, I		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT DAUGHTER ADDRESS 3921 UNIVEWAR OR DATES 3921 UNISH	D.C.
RDS, 201 W. PRESTON ST., BAI equires that the death certificate in signed by the attending player. Then please mades called supple to burial, committee, entires of injury, or other traumore.	NOI	PARTI. DEATH WAS CAUSE 42 92 IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	ED BY:	MATE INTERVAL ONSET AND DEATH COLUMN
TAL RECORDS, The law requir icion. The law requir icion. The law requir icion. The law requir icion. The law requir stand repropriet shaws any injury	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES NO YES YES	
DIVISION OF VITAL NG PHYSICIAN: The catending physician fifer this certificate has the build-transip put and Mental Hygien for and Mental Hygien orked or frem 18 shaw	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK		STATE
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TO HOSPITAL OR A etained by the hospital of the hospital of the hospital of the should be detached with the State Dept MAPORTANT. If her		TOOK TOOK	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 11-2	2-8 2
	23o. 1	SURIAL, CREMATION, REMOVAL SPECIFY	L 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION	STATE
BP DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FI	INERAL DIRECTOR NAME VOID FUNERA	NOV. 5 1982 PARKLAWN CEM- ROCKUITE MONT. - De Colores WASH. D.C. 250. DATE REC'D. BY REGISTRAN'S SIGNATURE WASH. D.C.	mary mil

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

FOR

REGISTRAR

- STATE

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	* AMOUND - HANGATAY
A CANAGE SEE ONE	

8	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 7 7 4 2 CERTIFICATE OF DEATH REG. NO.
e 4 may be ede, page 1 o after death		CEASED NAME OF PRINTS	ANTRANCES BEHLE 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR ANTRANCE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
OB (M)	C	RTHPLACE, (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED P. BACTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED HUNE HEUNDEL MD.
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secuted and completed ges. I and droot egom		HAPLES (AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVI	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
PRESTON ST., BALTIA the drawing physicion tenore corboo poper. P motion, or removal.		PART I. DEATH WAS CAUSE	DUE TO, OR AS, A CONSEQUENCE OF OCIAL DO YOPOLY
SECORDS, 201 W. fav. requires that a serial. Then please a prior to build, cre as prior to build, cre as any injury, or other.	CERTIFICATION	underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
VISION OF VITAL S PHYSICIAN: The Attending physician the buriof mentil p ond Meetal Hygen ond Meetal Hygen ond Griften (8 phos	MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE WORK NOT WHILE AT WORK	HOUR A.M. MONTH DAY YEAR
AL OF ATTENDING THE POSTULE OF THE POSTULE OF THE POSTULE OF A LEGISLA OF THE OTHER OF THE OTHER		22a I certify that (I) (this hospi	oitol) ottended the deceosed from 19 52, and that in my (our) opinion death accurred on the date and hour and from the couses stated DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIR
TO HOSPITAL retorined by 11 TO FUNERAL thould be det with the State MAPORTANT	71- 6	22d PHYSICIAN'S NAME (TYPE O	tchell MD 205 Bagel And Anneals
BP	7	IRIAL, CRÉMATION, REMOVAL	11/7/82 St. HUDPEWS FICHERNAU METAYO THA MD.
DHMH - 16 50M 7/77 (VR A 15 (4))	To	INERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256. RESTSTRAR'S SIGNATURE OF NOV 1 0 1987

LILLING FRANCES SERVIE HARRED A

.5	5	1	FOR				MARYLAND H AND MENTAL I	YGIENE	7	27	7 3	-7
7			STATE REGISTRAR	MEI		NER'S	CERTIFICATE		REG. IN			9
	44 - 3 - 3 - 3 - 3		CEASED NAME FIRST MAR	V 10	WISE UISE		BEL ITZ	20.	OF ESTI-	11 2	1-82	2b. HOUR
	EAS DUR SELES	3 SEX		IS. DATE OF BIRTH	I6. AGE (IN		NDER 1 YR. IF UNDER		DATE	WONTH O	17	2d HOUR
	ST TES		FW	9/18/49	YEAR LAST BIRT	YRS. MON	THS DAYS HOURS		NOUNCED DEAD	11-2	1-82 YEAR	11:30
			RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH		10	RIED IX NEVER MARR	9. B	ALTIMORE CITY	OR COUNTY		
	調整しつ		Maryland	US	SA	WIDO		ED D	Anne Ar	unde1	County	MD.
	S FILE S		asadena	(IF NOT IN SUCH FAI	PITAL, NURSING HO CHUTY, GIVE STREET ADDRESS Front Dri	S)	HER INSTITUTION	FOR MOST	OCCUPATION (TYPE OF WORKING LIFE) CUTIVE	E OF WORK 12	OR INDUSTI	SINESS
21201	24 HOURS AFTER DEATH. IF ANY DELAY INTER 18. GIVE PAGES 1, 2, AND 3 TO THE CONG WITH FORM PM. 3. RETAIN PAGE FERMIT. PAGES 1 AND 2 SHOULD BE FILLED FORMIT PAGES 1 AND 2 SHOULD BE FILLED FOR INSTANCE OF A SHOULD BE FILLED FOR INTERPRETATION OF A SHOULD BE A SHOULD BE A SHOULD BE FILLED FOR INTERPRETATION OF A SHOULD BE A SHOULD B	USUA 130. S	L RESIDENCE (IF IN NURSING HOME	ITY	I3c. CITY OR TOWN	1	T3d. INSIDE CITY LIMITS? YES NO	13. STREET 501	ADDRESS Dreams	Land		401
MO.	H. IF 12.54 12.55 TAL	-	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAID	EN NAME	WIDDLE		LAST	-
	DEATH GES 1, AND AND		Albert		Beehler		Mam	/	Louis		Dye	er
IMO	FORM ON O			MED FORCES? WAR OR DATES)	16b. SOCIAL SECUI	RITY NO.	17. INFORMANT		ADDRESS			
8.ALTIMORE,	S AF GIVE PAG IVISI		No				Mr. Alb	ert Be	ehler,	Balto		
ST.,	OUR N 18. WIT.		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE		far (a), (b), and (c).) Gunshot W	aund o	of head				APPROXIMATE BETWEEN ONSET	AND DEATH
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3	AIN AIN OR F		gave rise to immediate cause (a) stating the <u>under</u>		AS A CONSEQUENC	E OF						
201	ON,		lying cause last.	(c)								
DIVISION OF VITAL RECORDS,	SHOULD BE EXECUTED WITH DRD''RENDING". IN PENCIL CHIEF MEDICAL EXAMINER LESSE AS BURIAL: TRAN TO FHEATH AND MENTAL URIAL, CREMATION, OR RE	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL OISEA	SE OR CONDITION GIVEN IN PA	ART 1 (a)				
200	HEA AL, O	CERTIFICATION	190 DATE OF OPERATION	19h. CONDIT	TION FOR WHICH OF	PERATION V	WAS PERFORMED?		2000	- 1	20. AUTOPSY?	
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N O N	CERTIFICATE TING THE W DED TO THE 3 SHOULD B DEPARTMEN I PRIOR TO		210 EXTERNAL CAUSE WAS UNDERLYING XX OR CONTRIBUTING CAUSE OF	21b. TIME OF HOUR A.M DEATH P.M	MPHTH29AY 87	AR	elf/inflict		RE OF INJURY IN ITEM 18	PART I OR PART;	2)	
OISIO	ERTIF ING SSHC EPAR PRIO	MEDICAL	21d. INJURY OCCURRED	21e. PLACE (OF INJURY (AT HOME	12 If. LC	CATION		W151			
Ş	RE THIS CERTIFICATE SHOULD THE WORD, YELD SHAWARDED TO THE CHIEF M. R. PAGE 3 SHOULD BE USED A. ESTATE DEPARTMENT OF HEM. DO. 21201 PRIOR TO BURIAL, C.	2	WHILE NOT WHILE (xx hous	ORY, FARM, ETC.)	2	39 Bay From	nt Driv	e Pasade	ena,°M	aryland	STATE
	CATE, PORV FORV OR: P		220. I certify that I taak char	ge of the remains des	cribed abave, held a	Auto	psy XX, Inspection	ın 🔲, I	nquiry 🔲, ar	nd in my apın	ian	
	EXAMIN CERTIFIC ULD BE I DIRECTO WARYLA		death resulted fram: Natu	ral causes .	Accident 4	Sucida	, Hamicide	Undeterm	ined manner,			
	LEXAMINER: 1 ECERTIFICATE, DULD BE FORV L DIRECTOR: FH, WITH THE ST MARYLAND, S		ACTUAL	VIIITO	In Okas	10	Assistan	t		DATE 1	1-22-82	2
	TO MEDICAL E EXECUTE THE C EXECUTE THE C FAGE 4 SHOUN TO FUNERAL D AFTER DEATH, V BAHTIMORE, M		SIGNATURE	NATE	Aug Jist		w.b	MEDICA	LEXAMINER	SIGNED.		
	ARECUTER TER		EXAMINER'S NAME (TYPE OR PRINT) May	garita A.	Korell, M.	D.	_ADDRESS_111	Penn St				
	5X45A4	23a.B	JRIAL, CREMATION, REMOVAL				OR CREMATORY	23d. LOCA CITY OR TO		COUNTY		ATE
	BP	24 F	Burial JNERAL DIRECTOR LIANS	11/23/8		aine		Balt REC'D. BY RE		TOTRAR S SIG	MD	
	DHMH - 17 (VR A15 ME (5))		1905 York Roa		nkins & S . , MD	ons (21212	NO.	2319	182	2	Cincel	2
	20M 4/82	<u></u>	+900 TOPK ROS	u ballo	رادا و ،	21212		2010	7.			

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DHMH - 16 50M 1/81 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ELMA VIEWELL STANDARD BY LOVE SERVER BY INDIANA USA X ANDERS ARGUNES MD Aft Co Himmins a 200 Lackson D. APRIS Richard I. Jochman 16 Murray Ave., Annapolis, AD 2049 BURING WESTER METTER INSTITUTE TWO Toplant to word Compre formous File 180421 382 Jeans Coming

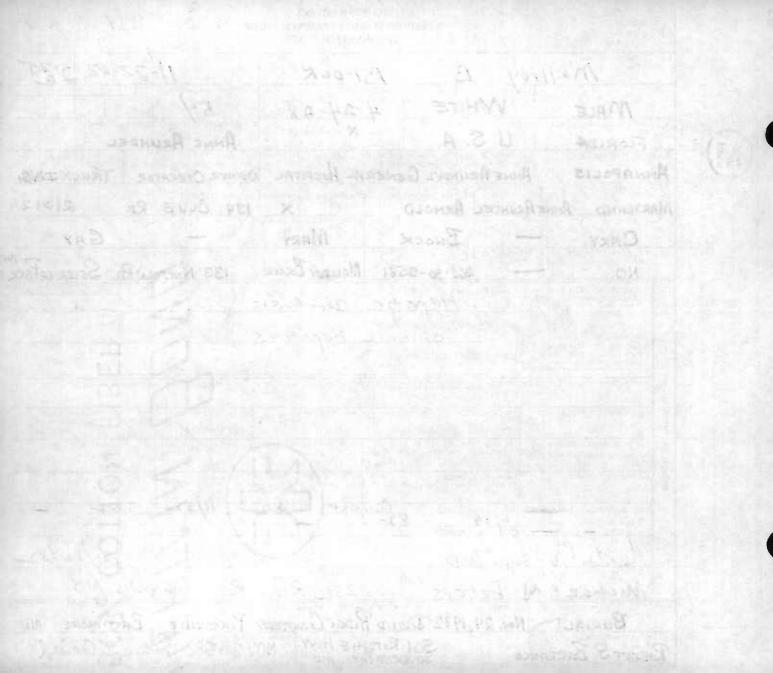
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	STATE REGISTRAR		MED		XAMINE	R'S CER	RTIFIC	ATE C	F DEA		REG. I			, ~
	CEASED NAME OR PRINT	FIRST		WIDDLE		LAST				OF	KNOWNX ESTI- MATED		45 00	2b. HOUR
3. SEX	4. RA	CE MARK	DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)		R 1 YR.	FUNDER		2c. DATE		MONTH		TEAR 2d HOUR
		hite	1 11	62	20 YRS.	MONTHS	DAYS	HOURS	MIN.	PRONOU! DE AC			-15-82	2:30A
FOR	RTHPLACE (STATE OF	7	U.S.A		100	MARRIED		ER MARRI	ED 4			_	NTY OF DEAT	Н
10. CIT	ryland Yortownofde len Burnie		II. NAME OF HOSP	ITAL, NUR	SING HOME, C	OR OTHER I			12a. USU	IAL OCCU	ARUN PATION (T RKING LIFE)	DE OF WORK	County (126 KIND O A OR IND Public	F BUSINESS CSTRY
	L RESIDENCE (IF IN N								Road	ls Re	pair		Public	Works
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14. FA	THER'S NAME FIRST		MIDDLE	L	AST	15.	FIR	ST	N NAME	A	WIDDLE		LAST	
10	John		Eugene		10b	10 13	Ca	ther	ine		P.	CC	Kea	rney
YES	AS DECEASED EVE S, NO. OR UNKNOWN] NO	(IF YES, GIVE WA			88-7206				B1ot	516			1 Rd. 2	1090
	18 CAUSE OF DEA	TH (Enter anly o	one cause per line f	ar (a), (b),	ond (c).)								APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
	015	IMMEDIATE	CAUSE (o) MULT	tiple	injuri	es								
7	Canditions, if	ony, which	DUE TO, OR A	AS A CONS	SEQUENCE OF								100	
	gove rise to cause (a) statin		(b)	AS A CONS	SEQUENCE OF									
	lying couse las		(0)	3 / 0014	DEGOLINCE OF									
	PART 2 OTHER SIGNIFICA	NT CONDITIONS (DI	NTRIBUTING TO DEATH BI	UT NOT RELAT	ED TO THE TERMINA	L DISEASE DR	CONDITION	GIVEN IN PA	RT 1 (g).					
NO N														
CERTIFICATION	190. DATE OF OPER	RATION	196. CONDITI	ON FOR W	VHICH OPERAT	ION WAS I	PERFORM	NED?					20 AUTO	
- 1	21g. EXTERNAL CA	ISEWAS	21b. TIME OF	INTIDA		21, HOW	IN HIPV	CCUPPE	D (ENITED)	LATILOE OF IN	JURY IN ITEM	19 9 4 97 1 09		XX NO [
	UNDERLYING CONTRIBUTING	XOR CAUSE OF DE	ATH HOUR 26/	MANJH.		pas	seng	er o	fmot	orcy	cle/f	ixed	ob ject	impact
W	21d. INJURY OCCU		21e. PLACE O	F INJURY	(AT HOME,	21f. LOCAT 니또때		c For	rry F	AITY OR TO	lwi nth	icum	ouMaryl	and STATE
	AT WORK AT	WORK A.A	3116	1 50		L		3 KG	- y 1		_ (· Odill	, mary c	G, 1G
9	22a. I certify tho	t I took charge o	of the remoins desc	ribed obav	e, held an	Autopsy	X.	Inspectio	n 🔲 ,	Inquiry		ond in my	apinian	
	death resulted fra	m: Noturol	couses .	Accident	, Suicia	de 🔲,	Homici	de 🔲 ,	Undet	ermined m	onner],		
	ACTUAL	MININ	lists ()	me 4	Lali		TITLE (SP	- /	+			DAT	E NED11-15	-82
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Same :	EXAMINER'S NAMI (TYPE OR PRINT)		garita A				DRESS			Str	eet			
23a.BU (SF	Burial Burial		1/15/82		ame of ceme				CITY	cridg	e	Hor	vard	Md.
	INERAL DIRECTOR			a	212				'		The ex		SIGNATURE	
	NAME		ADDRESS											

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M	-8	[1	FOR - STATE REGISTRAR	DEI	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 2	27746
oy be	poge 3	(1)	ECEASED NAME HARE	Edit		BOWEN	20. DATE OF DEATH MOR	21982 111A M
age 4 me	director, po hours after a	3. S	temale 1	4. RACE WHITE	S. DATE C		6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS MIN.
deoth. P	within 72 h	1	Cheaspeake Be		WIDOWE	D DIVORCED		NAZ LO MO.
ours after	be filed with	AA	NUADOLIS	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE ANNE ARU	VOEL GE	ENEXAL HOSP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO housewife	DRKING LIFE) 12 B. KIND OF BUSINESS OR INDUSTRY household
within 24 ho	ond 2 should b		JAL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	A.A. Co. Deal		136 INSIDE CITY LIMITS? YES NO K 15. MOTHER'S MAIDEN NA	13e STREET ADDRESS 6th & Main	St.
			Charles		tallings	Edith	WIDDIE	Fowler
be executed	Poges 1		WAS DECEASED EVER IN U.S. A [YES, NO OR UNKNOWN] [IF YES, G	IVE WAR OR DATES)	SECURITY NO.	Charles T.	Bowen Sr. sam	ne as 13e.
ficate	physicia popers novol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (a).		l Cali	ing	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deoth	emove carbor motion, or rer r traumatic ev		Conditions, if ony, which	DUE TO, OR AS A CON	SEOUENCE OF		0	
thot the	d by the		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CON	SEQUENCE OF			
requires	hen p to bur njury,	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION	ON GIVEN IN PART 1(0)
he low	icote has been ronsit permit. I Hygiene prior 18 shows any ii	CERTIFICAT	190 DATE OF OPERATION	19b CONDITION FOR W	HICH OPERATION		YES NO	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
PHYSICIAN: The	riol-in entol	CAL	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY IN	ITEM 18. PART 1 OR PART 2)
	the ond ked o	MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY O		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	for use of Hec 21 is n		22a I certify that (I) (this hasp sow the deceased plive of above, (I) (we) (did) (did	ot view the body ofter death.	.19, on		deoth occurred on the date of	, 19, that (I) (we) lost and hour and from the couses stated
			226. SIGNATURE	them I		ATTENDING PHYSICIAN	MEDICAL STAFF	22c. DATE/SIGNED
	TO FUNERAL should be determined by with the Stote IMPORTANT: I		22d PHYSICIAN'S NAME (TYPE	WATKI	NS	22e ADDRESS		
BP		230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	11/4/82		metery or crematory	23d LOCATION CHYOR TOWN Brentwo	county State
	6 50M 1/B1 A 15, 4)		UNERAL DIRECTOR NAME ardesty Funeral			25a DAT	E REC'D. BY REGISTRAR 25h.	

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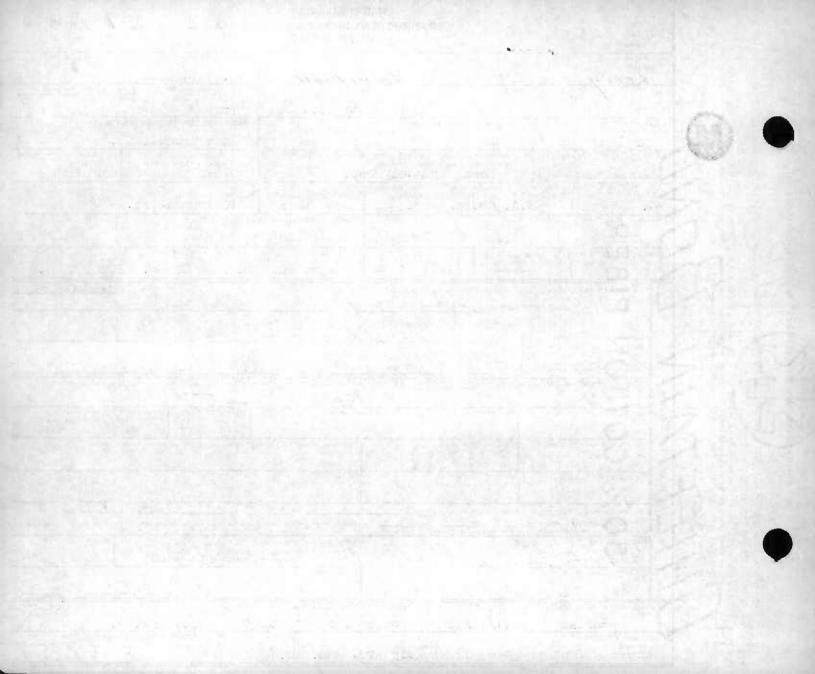
3	1	FOR - STATE		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HY	GIENE 3	2	27	141
	1 00	REGISTRAR				ICATE OF DEATH		REG. NO.		
oy be oge 3 death		CEASED NAME FIRST	roy	MIDDLE .	B	rock	20. DATE O	FDEATH MONTH	22-82	26 HOUR 5
Poge 4 mo	3. SE	MALE	4 RACE	PHITE	5 DATE C	F BIRTH	6. AGE (IN)	EARS LAST BIRTHDAY)	MONTHS DAY	
94 14 14 8		RTHPLACE (STATE OR FOREIGN COUNTRY) FLORIDA	76. CITIZEN O	S. A.	? 8 / MARRIE WIDOWE		1	RE CITY OR COU		110
offer d	P.A	NAPOLIS	(IF NOT INS	UCH FACILITY, GIVE STREE	ING HOME C	R OTHER INSTITUTION	120 USUAL	OCCUPATION K FOR MOST OF WORKIN	12b. KIND NG LIFE) INDUSTR	
2120 hours to be	USU	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTIO	ON GIVE RESIDENCE BEFO	RE ADMISSION)				R I IK	LEKTNG
rLAND 24 h	M	100 000	ARUNOE	136 CITY OR TO	_	13d. INSIDE CITY LIMITS? YES NO X 15. MOTHER'S MAIDEN NA	13e. STREET	CLUB	RD.	21012
uted with		C'ARY .	WIDDLE	Brec		MARY		WIDDIE	G	AY
on ond		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES G	RMED FORCES		5581	MAURON BRECK	! 13	3 Nacros	PR S	EVERNATARK
PRESTON ST., BALTIM he death certificate be to a cottending physician of smove corbon papers. Promotion, or removal. rtroumotic event, the me		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS SOLD IMMEDIA Conditions, if dry, which gove rise to immediate	ED BY: ATE CAUSE (a)_	OR AS A CONSEQU	atic	Cirrhosi hepatiti	S			DXIMATE INTERVAL N ONSET AND DEATH
es that it	NOI	couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	(c)_	OR AS A CONSEQU		NOT RELATED TO THE TERM	AIN AL DISEAS	E OR CONDITION	GIVEN IN PART	lov
VITAL RECO	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTO	PPSY? 20b. IF	YES, WERE FIND RTIFYING CAUSE YES	DINGS USED ES OF DEATH?
9 4 4 1 1 2 E		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR	of Injury a.m. month [p.m.	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NA	ture of injury in item	A 1B PART OR PART 2)	
DIVISION OF PHYSIC or attending as attending se as the buries cells and Men morked or lie	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE,	, FARM, ETC }	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TTENDI oppital or CTOR: A for use of Heal		220.1 certify that (1) (the sow the deceased alive a above, (1) (4-4) (did) (did)	11/1	9 19	03 -	that in (my) (popinion	deoth occurre	d on the date and		e couses stoted
by the ERAL DI e detack State De		226. SIGNATURE LICLARY 121. PHYSICIAN'S NAME (TYPE	liero	MD.		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c DAT	22/82
TO HOSPITAL retained by TO FUNERAL should be de with the Stott		Michael	N. Pe	ters		2510 RIVO	2 Rd.		olis, M	0
BP		BURIAL BURIAL			9	RETERY OR CREMATORY	1 1128	SVILLE	BALTIME	
DHMH - 16 50M 1/81 (VRA 15, 4)	5	NAME S. BARRA	NCO	A 50	1 RITE	HIE HWY. 250. DAT	0V 2 6	1982 P	GISTRAR'S SIGN	ture.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	+	y the
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	O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs after death certificate by the haspital or attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Ly the tones. Though be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled writtin 72.
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	1-	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 7 / CERTIFICATE OF DEATH REG. NO.						
	1. DE	EASED NAME	FIRST	MIDDLE	L	AST	20. DATE OF DEATH		26. HOUR	
1 04	(TYPE	OR PRINT)	Ltic	Λ	1	haca		11 21 82	1:20	
5 99	3. SE		4. RACE	H.	5. DATE C	LUSC	6. AGE (IN YEARS LAST BIR		IF UNDER 24 HRS	
(31)	3. 3E	M	4. RACE	Black	MONTH		. 1 12	YRS.	HOURS MIN.	
1 35		RTHPLACE (STATE OR FOIL RYLAND		ZEN OF WHAT COUN	TRY? 8. MARRIEI WIDOWE	D NEVER MARRIED]	ALL O	Aruivae	MD.	
office of the control	10. CI	N NO CO		ME OF HOSPITAL, NU NOT IN SUCH FACILITY, GIVES		OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST C		PF BUSINESS OR	
pe in	USU	L RESIDENCE (IF NURSIN	G HOME OR OTHER IN	STITUTION GIVE RESIDENCE	BEFORE ADMISSION)					
Edded 22	MAI	AL RESIDENCE (IF MURSIM TATE RYLAND	A.A.	GALEST	ILLE	13d. INSIDE CITY LIMITS	? 4851 Chur	ch Lane		
pletely and 2 sh	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	LAS	it	
Day out		FRANK		CHA	SE	SARAH		CHASE		
n and co	YE .	VAS DECEASED EVER IN	U.S. ARMED FO		SECURITY NO. 3-4267	RAYMOND WIN	ADDROR 4851 C	hurch La.	e, Md.	
ne law requires that the death certification. In has been signed by the attending physis thermit. Then please remove carbon page ene prior to burial, cremation, or removal ows any injury, or other traumatic event, the	CERTIFICATION	Canditions, if ony, gave rise to imme cause (a), stating underlying cause	which diate the last DU	(b) OR AS A CONS (b) OR AS A CONS (c)	EQUENCE OF	CICRITY NOT RELATED TO THE TE	ERMINAL DISEASE OR CON	5 y	NGS USED	
AN: The ficate h transit p Hygier 18 sho.		21a. ACCIDENT WAS UNDER		TIME OF INJURY	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART OR PART 2)		
IYSKCIA ding ph is certifi burial-th Mental or hem	CAL	OR CONTRIBUTING CA	OSL OF DEATH	P.M.	19					
TENDING PHYSistol or attending OR: After this cross the burn's Health and Me I is marked or It is marked or It.	MEDICAL	21d. INJURY OCCURRE	CAT	PLACE OF INJURY	FICE, FARM ETC)	21F LOCATION STREET	CITY OR TO	WN COUNTY	STATE	
		220.1 certify that (I)	aliver on//	1-21	- 3 -	nd that in (my) our) apini	ion death accurred an the d		that (I) (we) lost couses stated	
TO HOSPITAL OR AT retained by the hosp TO FUNERAL DIRECT should be detached if with the State Dept. CUMPORTANT: If them 3		THE PHYSICAN S NAM	ware	the body after death.	ne di	DEGREE ATTENDING PHYSICIAN 22* ADDRESS	N PORECTOR PHYSIC		22 -82	
COLUMN TO A TOTAL OF		URIAL CREMATION, IS		-24-82		emetery or cremator grans Cemete	CITY OF TOWN	countr	STATE	
BP		JNERAL DIRECTOR	h-T-			Diens General			Marylan	
DHMH - 16 50M 4/82 (VRA 15, 4)	WI	NAME	& SONS	Annapol.	P.A.	, N	UV 26 1982	John & C	will	

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SE BOLL HOWER SE COLUMN doministrate superst more, truth, 188

FUNERAL HOME, GLEN BURNIE, MD.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

7h HOUR

17h KIND OF BUSINESS OR

Own Home

Cromwell

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

0 you

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STATE

82

Severn. Md.

YES [

COUNTY

22c. DATE SIGNED

A.A. Co.

DATE REC'D. BY REGISTRAR 25 PEGISTRAR'S SIGNATURE

IF UNDER 24 HRS

1,1982

IF UNDER 1 YEAR

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	1.	FOR STATE REGISTRAR	DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	7 7 5 2
		CEASED NAME FIRST Ann	ette Francis		ogswell	20. DATE OF DEATH MONTH November	DAY YEAR 2b. HOUR 5 19820956am M
	3 SE	Female	4 RACE CAU		OF BIRTH	6. AGE (INYEARS LAST BIRTHDAY) 61 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
25		IRTHPLACE ISTATE OR FOREIGN Country Country Md.	76 CITIZEN OF WHAT COUNTRY!	8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY Anne Arundel C	
1	Ft	. Meade, Md.	11. NAME OF HOSPITAL, NURSI Kimbrough Army	COMM.		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE Cleaning	126 KIND OF BUSINESS OF
3	Ma	ryland An	ounty Arunde 130 CITY OR TOV	re admission) VN	13d. INSIDE CITY LIMITS?	Holida Clark Rd.C-35 (y Mobile Estate Mark Drive)
20		George	Overdic		15 MOTHER'S MAIDEN NAME Clara	WIDDLE	Sluzewski
1	16a V	WAS DECEASED EVER IN U.S YES, NO OR UNA (IF YES	ARMED FORCES? 166 SOCIAL SECTION (166 SOCIAL S		Son/Clyde Ed	nointay Moward Cogswell, J	bile Fstates rJessup, Md.C-
	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	O O P	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	(EN IN PART Ita
9	FICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	S, WERE FINDINGS USED FYING CAUSES OF DEATH?	
9	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEF MEDICAL EXAM 21d. INJURY OCCURRED	FDEATH HOUR A.M. MONTH D	19	216 HOW INJURY OCCURE 216 LOCATION STREET	CITY OR TOWN	COUNTY STATE
1		SDA the decealed along above. It was fided by 1775 STANDER	ospital attended the deceased from 19. VPE OR PRINT) Johnson, CPT, MC	, 0	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 5 Nov 82
-	23a, E	BURIAL CREMATION REMOV		M. D	EMELLY OR CREMATORY	Army Comm. Hospi	cal, Ft.Meade,M

Glen Burnie, Md.

Home,

NOV 8

DHMH - 16 50M 1/81 (VRA 15, 4)

Barranco Funeral

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The state of the s	h	FOR - STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	27/53
ofter dead		CEASED NAME E OR PRINT) X MAIS	A. RACE A. T.	S. DATE OF BIRTH MONIH DAY YEAR 2 1	6. AGE (INYEARS LAST BIRTHDAY)	DAY YEAR 26. HOURS AMONTHS DAYS HOURS MIN.
funeral direction 72 haurs	70.8	IRTHPLACE (STATE OF) IREIGN COUNTRY) RK CO. FA.	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED WIDOWED DIVORCED	HNNE HA	TY OF DEATH UNDEL MD
in by the filed with	H	TY OR TOWN OF DEATH WWAPOLIS ALRESIDENCE (IF NURSING HOME OF	IF NOT IN SUCH CILITY, GIV	NURSING HOME OR OTHER INSTITUTION ESTREET ADDRESS D11. C-CN. HOSP. EBEFORE ADMISSIONI	120 USUAL OCCUPATION (149E OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY PUBLIC EDUCA
should b	13a	A THER'S NAME		RTOWN 13d. INSIDE CITY LIMITS? POULS YES NO X	13, STREP ADDRESS DR	11403
Pages 1 and medical ecom	16a '	PANIEL J.	MED FORCES? 166 SOCIAL	ER MOEMMAN L L SECURITY NO. 17, INFORMANT	WIDDLE	Billett
n signed by the attending phys Then please remove corbonpop to burial, cremation, or remove injury, or other troumotic event,	NO	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	nio-Sclenosis		Years GIVEN IN PART 1(0)
Hygiene prior	CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR V	WHICH OPERATION WAS PERFORMED 21t. HOW INJURY OCCU	YES NO	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES NO NO
the burial-fr and Mental I ed or Item 1	MEDICAL O	OR CONTRIBUTING CAUSE OF DEAL LIFE LITHER, MOTIFY MEDIC AL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONT	H DAY YEAR 19 21f. LOCATION	O ITY OR TOWN	COUNTY STATE
detached for use as ote Dept. of Health (II). If them 21 is mark	TA TA	270. I certify that (I) (this bear) saw the deceased alive an above, (I) (me) (did) (did)	//////////////////////////////////////		n death occurred on the date and h	19, that (I) (met)lost sour and from the causes stated 22c. DATE SIGNED //_ 25_82
should be deto with the State		1419 Forest	Annap	olis Mid 2403	PETER F. VE	RKOUW
	C	BURIAL, CREMATION, REMOVAL (SPECIFY)	Nov. 28,1982	mtolivet	New Camperlar	
-16 50M 1/81 RA 15, 4)	To	WLOR FUNCKAL (PAPEL ALVA		0V 30 1982 Jac	ISTRAR'S SIGNATURE

MALE WALTE 3 DE OF YORKLE PA USA. Your YORKLO TA USA AUDE PRUNDELLA ANDREA FORMATION PORTO EDICATION ATT KA G. AMERICA K RESEADE 21903 DINE J. COUSE ME MAR BILLETT WILL STORY ST Elever Tem states - - Land Line 12 CONTRACTOR STATES TO STATE OF THE STATES OF AT MANUEL MOTORING TOURS IN COURS IN LIGHTED Toplace Strategic lines Hymneus His Will 30 ESE Star S. Carled

(VRA 15, 4)

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4 24 PA	Va. Bil	THPLACE (STATE OR	FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CIT	Y OR COUN	NTY OF DEATH	
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ires gne gne phri buri ory, o	7	PART 2. OTHER SIG	NIFICANTO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR C	ONDITION	GIVEN IN PART I	(a
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The licion.	RTIF				NO	Of	ration	YES NO		YES [NO 🗆
physicio physicio tificote I I-tronsit ol Hygie n 18 sho		21g. ACCIDENT WAS UN	-	21b. TIME O	OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART T OR PART 2)	
PHYSICIAN: ending phys this certifico te buriol-tror ad Mental Hy d or Item 18	MEDICAL	(IF EITHER NOTIFY MED	ICAL EXAMINER	P	.M.	19	NO	injur	4		S. 10 CM
PHY ending this dor	MED	21d INJURY OCCUR		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
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OR of house		226 SIGNATURE	WX	00%	7+7	111/	ATTENDING .	MEDICAL	STAFF	22c. DAT	E SIGNED
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5 € ± ₹ 3 ₹		JRIAL, CREMATION	, REMOVAL	23b. DATE	23¢	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOW	N	COUNTY	STATE
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T., BATTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE STEE DEATH. IF ANY DELAY IS NECESSARY, PLEASE STORE TO THE FUNERAL DIRECTION WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILL. PAGES I AND 2 SHOULD BE FILED, WITHIN 72 HOUR PROVISION OF AUTAL RECORDS, 201 W. PRESTON STREET	3 SE	F	N JA	ATE OF BIRTH	VEAR LAST	(IN YEARS IF UI BIRTHDAY) MONI 2 YRS.		MIN. PI	DATE RONOUNCED DEAD	MONTH	DAY YEAR	2d. HOUR
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ORE, MD. DEATH. III. GES 1, 2, 2M PM 3. TAND 2 SO OFWITAL		THER'S NAME FRIST Ernest VAS DECEASED EVER	MIDE ADMED E		Chase	LIBITY NO	France 17. INFORMANT	es Mayr	nard ADDRE	ce	LAST	
4 ST., BALTIMO HOURS AFTER D M.18. GIVE PAG NG WITH FORW RMIT. PAGES 1, RMIT. PAGES 1, L.,	(1)	no, or unknown	(IF YES, GIVE WAR OF	R DATES)	213-74	-8990	Helen Duj	ppins	Chesapea			TE INTERVAL ET AND DEATH
L RECORDS, 201 W. PRESTON ST., ULD BE EXECUTED WITHIN 24 HOUF "PENDING" IN PENCIL IN ITEM 18. F. MEDICAL EXAMINER ALONG W ED AS A BURIAL- TRANSIT PERMIT. HEATH AND MENTAL INFSIENE, AL, CREMATION, OR REMOVAL.	NO	Conditions, if gove rise to couse (a) statum lying cause last	immediate g the <u>under</u> -	(b) DUE TO, OR	AS A CONSEQUE	NCE OF	E OR CONDITION GIVEN IN	PART 1 a).	- Jan		Jud	
₹ \$8≣S8\$	CERTIFICATION	19a DATE OF OPER.		19b. CONDIT	ION FOR WHICH	OPERATION V	AS PERFORMED?	751	hille R		20 AUTOPS)	NO NO
ITFICATE OF THE WORLD B WARTMEN	MEDICAL CER	210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR CAUSE OF DEATH	P.M.	MONTH DAY	YEAR 9	OW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN ITEM	18 PART 1 OR PAI	RT 2)	
DIVISION THIS CERTIFIC WARDED TO PAGE 3 SHOU TATE DEPART 21201 PRIOR	MED	21d. INJURY OCCUR WHILE AT WORK AT V	WHILE D	21e PLACE C STREET, FACTO	OF INJURY (AT HO ORY, FARM, ETC.)		CATION		CITY OR TOWN	COL	UNTY	STATE
MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FOR! FUNERAL DIRECTOR: TIMORE, MARYLAND,		22a. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	La Jac		ribed obove, held Accident ,	on Autop Suicide	sy , Inspect , Homicide TITLE (SPECIFY) Define ADDRESS		Inquiry A, mined manner AL EXAMINER	and in my ap DATE SIGNE		sz
BP	(:	URIAL, CREMATION, PECIFY) Burial UNERAL DIRECTOR	REMOVAL 23b. DA				CREMATORY 1 Chr. Cen	n. 23d LOC CITY OR LOT	TOWN		rundel	Md
DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	pencer E.	Sewell	Box 31	, Prince	Freder	ick	A.Q.	TO CONTRACTOR OF THE PARTY OF T		NOPATURE	

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DHMH - 16 50M 1/81

(VRA 15, 4) IVES FUNERAL HOME

FOR

ADDRESS 2847 WILSON BLVD: ARLINGTON, VIRGINIA

IF UNDER 24 HPS

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72 ho 72 ho		RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COL	MARRIE	NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY OF	DEATH	
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201 rs offe filed w	A	nnapolis	(IF NOT IN SUCH FACILITY GIV	US del	Gen Hosp	KETINE		Lyster	+ Fish
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CAM	14. FA	THER'S NAME		AST	15. MOTHER'S MAIDEN NA		100 11 10	7	
A O TO		Walter		oze	Elsie	MIDDLE	Harry	115 AST	
MORE, n and c Pages		VAS DECEASED EVER IN U.S. ARMET	D FORCES? 166. SOCIA	AL SECURITY NO.	17. INFORMANT	ADDRI	Crowsn	oct 1	1
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e de att mave		Conditions, if any, which gave rise to immediate	10						
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ires th ires th n pleo burial ry, ar		PART 2 OTHER SIGNIFICANT CON				INAL DISEASE OR CON	DITION GIVEN	IN PART I to	
RDs n sign The inju	ON O		ATE DIE						
DIVISION OF VITAL RECORD PLANS THE law re- attending physician. When this certificate has been as the burial-transit permit. In and Mental Hygiene prian arked or Item 18 shows any in a shows any in the price of th	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W		
TALR The lacion. T	RTIF					YES NO	YES []	NO 🗌
HYSICIAN: IT HYSICIAN: IT ding physicials certificate burial-transit Mental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
YSICIAL fing ph ing certifi certifi wright	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211. LOCATION			-17-11	H-11-5
//SIOI	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
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haspit IRECTC hed for tem 21		obove, (I) (we) (did not) vi 22b. SIGNATURE	ew the body after debth		DEGREE			22c. DATES	
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TO HOSPITA retained by TO FUNERA should be de with the Stall IMPORTANT		JONOLD C. K	OME N	1.3.	1616 FORES,	I DR. IT	on appoin	-/ V	1,405
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(VRA 15, 4)	11	Man Belsed Dor	Ke Mornier	willi- lut	Millel.	· O O DOL		0	The state of the s

Description (Section Control C they continue in the seal that

Maryland FATHER'S NAME	Y III.	MARIE RACE White CITIZEN OF WHAT COUNTRY? U.S.A. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET VORTH ARUNDEL I	S. DATE OF APTI	INGHAM BIRTH L 10,1916 NEVER MARRIED	20. DATE OF DEATH NOVEMBER 1 6. AGE (IN YEARS LAST BIRT 6. G 9. BALTIMORE CITY O	YRS.	UNDER 1 YEAR	
Female BIRTHPLACE (STATE OF NEW Jerse) CITY OR TOWN OF D GLEN BURNI USUAL RESIDENCE (FINE 3a. STATE Maryland L FATHER'S NAME	PATH 11. PATH 11. PATH 11. PATH 11. PATH 13. PATH 1	White CITIZEN OF WHAT COUNTRY? U.S.A. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	S. DATE OF APTI	BIRTH L 10,1916 NEVER MARRIED	6 AGE (IN YEARS LAST BIRT	HDAY) IF MO		IF UNDER 24 HRS
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WAS DECEASED EVE			RITY NO. 1	7 INFORMANT	ADDRE	SS		
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220.1 certify that			, and	that in (my) (aur) apinian	death accurred an the da	te and hour o		nat (I) (we) las ouses stated
22b. 5500	ead	ew me body offer deoff.	M	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	F IAN []	22c. DATE S	3/82
			2	22. ADDRESS 7445-	FURNACE BR	ANCH R	OAD	
					23d. LOCATION		COUNTY	STATE
		11/1/1002 61	on Har				A. A.	SIMIE
MEDICAL CERTIFICATION	Canditions, if or gove rise to in couse (a), sto underlying course (b), sto underlying course (c), according to the sto or course (d) (c), according to the story (d), according to the story	Canditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CON 190. DATE OF OPERATION 210. ACCIGENT WAS UNDERLYING OR CONTRIBUTING ALSO CONTRIBUTING AT WORK 210. INJURY OCCURRED WHILE NOTHY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOTHY MEDICAL EXAMINER 220. I certify that (I) (this hospital) sow the deceased glive an obove. (I) (we) (dof) (did not) v 22b. STATURE CHACKIUMKAL V.	18 CAUSE OF DEATH (Enter only one couse per line form), (b), one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	18 CAUSE OF DEATH (Enter only one couse per line form), (b), and (c)	18 CAUSE OF DEATH (Enter only one couse per line for pt), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS ACONSEQUENCE OF Underlying cause lost. DUE TO, OR AS ACONSEQUENCE OF Underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERN 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERN 191. DATE OF OPERATION 192. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERN 191. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERN 192. CONTRIBUTING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERN 193. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERN 194. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR PERFORMED 211. LOCATION STREET 212. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 213. LOCATION STREET 214. DOCUMENT OF CONTRIBUTION 215. SOW THE deceased give on Ophysical Physician Control of Control	18 CAUSE OF DEATH (Enter only one couse per line for pt), (b), and (c.)	18 CAUSE OF DEATH IEnter only one couse per line for pl., (b), and ict.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS ACONSEQUENCE OF Underlying couse lost. DUE TO, OR AS ACONSEQUENCE OF Underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE 19e. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c AUTOPSY 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21c. NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. INJUR	18 CAUSE OF DEATH (Enter only one couse per line for pol, (b), and (c).) PART 1. DEATH WAS CAUSED BY. (MMEDIATE CAUSE IO) DUE TO, OR AS ALONSEQUENCE OF MY OCCURRED (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO 196. DATE OF OPERATION 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH (FE THER NORTH WAS CAUSED WAS ALONSEQUENCE OF INJURY 196. INJURY OCCURRED 216. PLACE OF INJURY 197. ACCIDENT WAS UNDERLYING 216. INJURY OCCURRED 216. PLACE OF INJURY 197. ACCIDENT WAS UNDERLYING 216. INJURY OCCURRED 216. PLACE OF INJURY 198. CONTRIBUTION OF INJURY 199. CONTRIBUTION OF INJURY 1

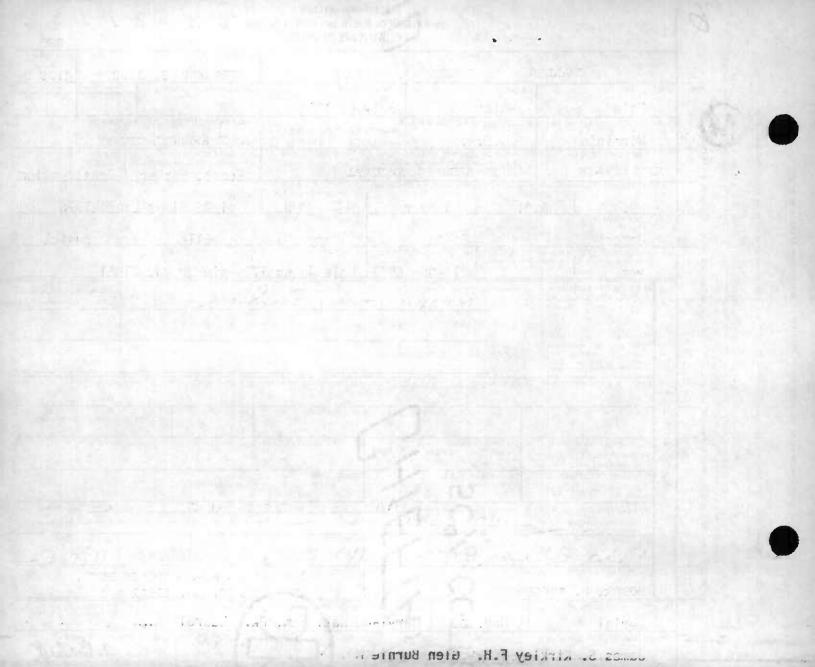
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	A LANGE TO SEE OF THE LOCAL TO A PROGRAM OF THE PARTY OF

15							OF MARYLAND			en 020		
		FOR STATE					LTH AND MENTA		2	2 7	16	0
- 6		REGISTRAR				EXAMINER	'S CERTIFICATE	OF DEATH	REG. N	10.		14
1		EASED NAM	E FIRST		MIDDLE		LAST	20. DA	TE KNOWN	HTMOM X	DAY YEAR	2b. HOUR
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OFWITCH PROCESS, 201 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.			Fran	k	Α.		Delost	DE	ATH MATED		12 1982	M
TRE	3. SEX		4 RACE	5. DATE OF	BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)		DER 24 HRS. 2c. D	ATE	HTHOM	DAY YEAR	7.20 4.20
	Mi	ALE	WHITE	Aug	24 1923	59 YRS.	MONTHS DAYS HOURS	MIN PRON	OUNCED DEAD	- 11	12 1982	4: 20
1	70 BI	RTHPLACE (S	STATE OR		OF WHAT COUN	ITRY? 8.	ARRIED NEVER MA	PRIED 9. BA	LTIMORE CITY	OR COUNT	Y OF DEATH	
55		ARYLAN	(D)	UNITE	ED STAT				ne Arun	idel Co	ounty,	MD
-7		TY OR TOWN			OF HOSPITAL, NU	RSING HOME, OF	OTHER INSTITUTION	12a. USUAL O	CCUPATION (TO		126. KIND OF BU OR INDUSTR	SINESS
0	F	Annapol	is		Arundel	General	Hospital	CAP DE	ENTER		U.S. Nava	Denne
-	USUA	LRESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITU	TION, GIVE RESIDENCE	BEFORE ADMISSION)					N-Z-IIHYN	ne upi
5	13a. S	ARYLAN	13b COUN	ARUN	DEL AN	NAPOLIS	13d. INSIDE CITY LIMITS	136. STREET AL	ST. GEO	RGE	DR.	
	14. FA	THER'S NAM	E		VEL LIN		15. MOTHER'S MA					
4	1	FIRST		WIDDLE	D	E LOST	ANNA		MIDDLE		SCHMI:	חדר
	16a. W	AS DECEASE	DEVER IN U.S. AR	MED FORCES	-	CIAL SECURITY NO	17. INFORMANT		ADDRES	SS	1	-
	{YE	5, NO, OR UNKNO VES	WWII	WAR OR DATES)	0 217	18-953	7 DOUGLAS	T. DELOS	T ISA	ME AS	213)
			OF DEATH (Enter or	1		7.4					APPROXIMATE	INTERVAL
		PART I DI	EATH WAS CAUSE	D BY:		Drowning					BETWEEN ONSET	AND DEATH
		95	4 OMMEDIA	TE CAUSE (a)	TO, OR AS A CON				E			
TA A			ins, if any, which									
			ise to immediate) stating the under-		TO, OR AS A CON	NSEQUENCE OF			7 (5.56)	7		
		lying ca										
	-4	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO	O OEATH RUT NOT RELA	ATEO TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN	PART 1 ro:			-	<u> </u>
9	Z						TOTAL ON CONDITION OFFICE	THE THE				
-	ATIC	19a DATE OF	FOPERATION	19b C	ONDITION FOR	WHICH OPERATION	ON WAS PERFORMED?				20. AUTOPSY?	
	IFIC			4 1							YESXX	NO 🗆
5	CERTIFICATION	21a EXTERN	AL CAUSE WAS	21b. T	IME OF INJURY	est.) I	Ic. HOW INJURY OCCUP	RRED SENTER NATURE	OF INJURY IN ITEM 1	8 PART I OR PAR		
5		UNDERLYING	S XX OR ING CAUSE OF		JR A.M. MONTH) () 京	DAY YEAR 12 19 82						
	MEDICAL	21d. INJURY		21e P	LACE OF INJURY	(AT HOME. 2	f. LOCATION	nped into				
	W	WHILE AT WORK	NOT WHILE	STR	water		STREET POSKO F		OR TOWN	APunda	NIY	STATE
		ATWORK	AT WORK				Chesapeake E					Md.
		22a. l cert	ify that I took char	ge of the remo	sins described abo		utapsy XX, Inspec			and in my ap	inion	
		death result	ted from Natu	ral courses L	Accelent	, Suicide	XX. Homicide	Undetermine	ed monner			
		ACTUAL	100	10	the.	My VI	TITLE (SPECIFY)			DATE		0.0
_		SIGNATURE	Men	us ()	XJILL	4 1 1/2	Assistar	T MEDICAL E	EXAMINER	SIGNE	0 11-12-	82
7		EXAMINER'S	NAME D	onnic	E Smyth	MD	The state of the s	II Penn S	troot			
5		(TYPE OR PR	INT)		F. Smyth	, M.D.	ADDRESS					
	23a. Bl	PECIFY)		23b. DATE			RY OR CREMATORY	23d. LOCATION	NC	COUN		ATE
	24 51	BURI		Nov. 15,		DAR HIL	L CEMETERY	BROOK	LYND	INNEH	PUNDEL	MD.
	0	NAME DIREC	7-7		ADDRESS 501			TE REC'D BY PEG	Z KAK JE WE	SISTRATES S	mary	
	K	BERT	DARRAM	100	SEVE	RNA PAR	PIND.	1	V			

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8	1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA		4E 8 2	NO.	2 7	/ 6 2 EST
		CEASED NAME	FIRST	,	MIDDLE		AST	20	DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	(TYPE	OR PRINT)	HARLES	3	LONZY	D	EVAN		NOVEMBER	5.	1982	4:08 PM
*68	3. SE	X	1	RACE		5. DATE C			AGE (IN YEARS LAST E	HRTHDAY)	IF UNDER 1 YEA	R IF UNDER 24 HRS.
		Male		White		July		YEAR	69	YI	RS.	HOURS MIN.
100	7a. B	RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARE	_ 0	BALTIMORE CITY			
83		Virginia	134	U.S.	Α.	WIDOWE			ANNE ARUI	NDEL	COUNTY	MD.
1	10. C	TY OR TOWN OF DEA	TH	II. NAME OF			OR OTHER INSTITUT	10N 12	a. USUAL OCCUPA	TION	12b, KIND	OF BUSINESS OR
54	G	LEN BURNIE			ARUNDEL		TAL	,	_	Vorke		truction
of pe	USU.	AL RESIDENCE (IF NURS	ING HOME OR C		GIVE RESIDENCE BEFO		13d. INSIDE CITY L	IAAITS? 13	e. STREET ADDRESS			
25		MD.	Α.	Α.	Hanove			X			Lane 21	1076
day .	14. FA	THER'S NAME	A	IDDLE	LAST		15. MOTHER'S MA	IDENNAME	MIDDLE			ACT
2		James			DeVan		Mary		E11a	1	ķ	Kusick
1		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORMANT			RESS		
linealization	,	Ves	(10 165, 0146	WAR OR DATES	219-05	- 6991	lola Jo	hns 17	09 Kimber	Rd.	21061	
		18. CAUSE OF DEAT	H (Enter anl)	y ane cause per			7	- 0			APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
		PART I. DEATH W	AS CAUSED		Resp	ar and	DEST 9	(Last	suc.		100	
	27	7991	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		R AS A CONSEQ	LIENCE OF					V	
12		Conditions, if any		(b)_	(AD A CONSEG	02.102.07						
orner froumonic		gave rise to ime cause (a), statir	g the	DUE TO. O	R AS A CONSEQ	UENCE OF				OU		
		underlying cause	last.	(c)_				1-1-1				
	NO	PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMINA	AL DISEASE OR CO	NDITION	GIVEN IN PART 1	lo
ou A	CERTIFICATION	190. DATE OF OPERA	TION	196 COND	TION FOR WHIC	H OPERATIO	N WAS PERFORME	D	20a AUTOPSY?		FYES, WERE FIND	
7	TIFK							1000	YES NO	INCE	ERTIFYING CAUSE YES []	S OF DEATH?
a	CER	210. ACCIDENT WAS UNI		216. TIME O		D. W. VE : T	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF IN	JURY IN ITEA		
7	AL	OR CONTRIBUTING		H HOUR A.	M. MONTH	DAY YEAR						
-	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		21f. LOCATION	7.1	CITY OR	TOWN	COUNTY	STATE
	Z	WHILE NOT WH	INE C	(AT HOME, STR	EET, FACTORY, OFFICE	E, FARM, ETC)	SIKEEL		2 I	OWN	COSINIT	STATE
		220.1 certify that (1)		ol) ottended th	e deceased from	7/7		250	, to 1115		19 8 2	that (I) (we) last
		saw the decease abave, (I) (we) (ed alive on_	11/6	19.	12 , or	nd that in (my) touc	Lopinian dea	th accurred an the	date and	havr and from th	ie causes stated
		226. SIGNATURE	and flore-dot	view the bady	atter death.	C 1	DEGREE		1 100		22c. DAT	TE SIGNED
		teles	BK	es	Dun				MEDICAL ST	AFF	111	FK
		224 PHYSICIAN'S N	AME (TYPE OR	PRINT)			In . De Decc	-	TIMORE-AN			1111
1		ROBERT B.	KROO	PNICK,	M.D.				RNIE, MD.			
		URIAL, CREMATION,		23b. DATE		NAME OF C	EMETERY OR CREM		23d. LOCATION			
1		Burial		8 Nov.	82	Marylan	nd Nat. M	em. Pk	. Laure	Α.	.A.	MD. STATE
2	24 F	JNERAL DIRECTOR			ADDRESS			250 PATER		R 25 ME	GISTRAR'S SIGNA	TURE
		James S.	Kirk1	ey F.H.	Glen	Burnie	MD.	1101	9 1982	10	and l	shield



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18

ar Item

MPORTANT

CERTIFICATION

MEDICAL

FOR - STATE REGISTRAR I. DECEASED NAME

Female

Maryland

FATHER'S NAME Winfield

BIRTHPLACE (STATE OR FOREIGN Simpson ville, MD 10 CITY OR TOWN OF DEATH Ft. Meade

160 WAS DECEASED EVER IN U.S. ARA (YES NO OR UNKNOWN)

3. SEX

FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2		7 / 6 3
EASED NAME FIR		MIDDLE		AST	20. DATE OF DEATH		YEAR 26 HOUR
Win	ifred	P	Diet	trich	Nover	mber 11	1 19821207p
emale	4 RACE Caucas	sion	Febru	of Birth 1904	6 AGE (IN YEARS LAST BIR	THDAY) IF U	UNDER LYEAR IF UNDER 24 HRS
THPLACE (STATE OR FOREIG	MD, U.S.A		WIDOWE		Anne Aruno	R COUNTY OF	
Y OR TOWN OF DEATH Meade	Kimbro	ugh Army (OMM.	Hospital	12a USUAL OCCUPATION OF WORK FOR MOSTO CLEY	E WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY Dairy
ryland H	OME OR OTHER INSTITUTION COUNTY ON OWARD	Highland	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO [X]	13355 Rout	te 108	
nfield	WIDDLE	Parlette	9	15 MOTHER'S MAIDEN NAME Anne	WIDDLE		Gambri 11
AS DECEASED EVER IN U S NO OR UNKNOWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	579-22-		John J. Di	addre etrich s	mae as	#13
PART I. DEATH WAS C	nter only one couse pe AUSED BY: EDIATE CAUSE (o)			al Infarction			PPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 Days
Conditions, if any, whi gove rise to immedia cause (a), stating t underlying cause la	he DUE TO, C	Cardioger CARS A CONSEQUE		ock			1 Day
Acute renal	failure of	ontributing to to	eath But	NOT RELATED TO THE TERM 11 failure - T	inal disease or coni	lobe pr	IN PART 1:00
% DATE OF OPERATION none	19b. CONE	N/A	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, W IN CERTIFYIN	ERE FINDINGS USED IG CAUSES OF DEATH?
					ATT NO	YES	
21a. ACCIDENT WAS UNDERLY!	110110		YEAR	21c. HOW INJURY OCCURR	ED (EMERNATURE OF INJUR	Y IN ITEM 18 PART I	ORPART 2)
(IF EITHER, NOTIFY MEDICAL EX	OF DEATH	.M.	19				
21d INJURY OCCURRED		OF INJURY		211 LOCATION			
WHILE NOT WHILE E	(AT HOME ST	TREET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR 10	WN	COUNTY STATE
22a. I certify that (I) (this saw the deceased all above, (I) (we) (did) (i	ve on 11 NO	Y. 19	63	ov. 19 82- ad that in (my) (our) opinion o	death accurred on the do	, 1/-	that (I) (we) last ad from the causes stated
22b. SIGNATURE				DEGREE			22c. DATE SIGNED
Shailesh	· Kada	fui	t	M D ATTENDING PHYSICIAN	MEDICAL STAF		
22d. PHYSICIAN'S NAME	(TYPE OR PRINT)		100	22e ADDRESS	12 SETTO A 11		
Shailesh	Kadakia.	M.D., CP7	. MC	Kimbrough A	rmy Communi	ty Host	nital/Et Meade

Shailesh Ka 23d. NAME OF CEMETERY OR CREMATORY Linden-Lithicum Cem. 230 BURIAL, CREMATION, REMOVAL Clarksville, Howard, Md. 11/15/82 Burial FLECK FUNERAL HOME, INCORRESS 7601 Sandy Spring Rd. Laurel 250. DATE REC'D. BY REGISTRAR 25h

DHMH - 16 50M 1/B1 (VRA 15, 4)

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at lover love uppropria	ir - onulini lu	na rincent wa	eruliet inn	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		
	CEASED NAME	FIRST	71	MIDDLE		LAST			DAY YEAR	26 HOUR
-		Rita		Agnes	Dogge	endorf	November	17	. 1982	11:450 M
3. SE	X		RACE		5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	80.55	Whit	e	June	26, 1917 YEAR	65	YRS	MONTHS DATS	HOURS MIN.
76. B	SIRTHPLACE (STATE O	R FOREIGN	L CITIZEN OF	WHAT COUNTRY	2 8		9 BALTIMORE CITY C		OFDEATH	
	Marylan	. b	U. S		WIDOWE	D MEVER MARRIED DIVORCED	Anne Arui	labo	10	***
10 0	ITY OR TOWN OF DE		11. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ON	12b. KIND C	OF BUSINESS OR
_	earwater B		8109 Ho	11y Road	(212	226)	Housewid		E) INDUSTRY	
	STATE	13b COUN		GIVE RESIDENCE BEFOR		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
N	Maryland	A. 1	A.			YES NO X	8109 Hol:	Ly Roa	d. (21)	226)
14 F.	ATHER'S NAME		NDDLE	LAST		15 MOTHER'S MAIDEN NA	ME			
			L. Hube			FIRST	argaret A. I	aMarr	LAS	51
	WAS DECEASED EVE	R IN U.S. ARA	AED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORMANT				d. 21226
	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213 36	4272	Max Joseph Do				
	18 CAUSE OF DEA	TH Enter only	y one cause per	line for (a), (b), a	nd (c).	Λ.			BETWEEN	ONSET AND DEATH
	PARTI. DEATH	IMMEDIATE		Metast	gtil	teleno can	cinoms		2	mentes
	1991		DUE TO O	R AS A CONSEQU	ENCE OF					
	Conditions, if on	y, which	(b)							
	gove rise to im		DUETO	r as a conseou	ENGE OF					
	underlying cous		(6)	K AS A CONSECC	ENCE OF					
	PART 2 OTHER SIG	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIV	EN IN PART 1/2	
Z							WALDISEASE ON COIL	D111014 014	Ela hall SKI 110	
CERTIFICATION	19a DATE OF OPERA	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	28a AUTOPSY?	20b. IF YES	, WERE FINDIN	NGS USED
Ē							YES TO NOT	IN CERTIF	YING CAUSES	OF DEATH?
1 %	210. ACCIDENT WAS UN	NDERLYING	21b. TIME O	F INJURY		21c. HOW INJURY OCCUR				NO L
	OR CONTRIBUTING			M. MONTH D		1 A 1 S				
MEDICAL	21d INJURY OCCUR		P./		19	21f. LOCATION				
WE	WHILE NOT W	HILE []		EET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that () (this hospite		e degeosed from.	341	7 , 19 8	to Nov		19 52	that (I) (we) lost
	sow the deceo		view the hody	ofter depth 19_	82 , or	nd that in (my) (our) opinion	death occurred on the de	ate and hou	r and from the	causes stated
	226 SIGNATURE	51/	Tien the Deay	oner deam.		DEGREE			22c. DATE	SIGNED
		Ho	no			ATTENDING PHYSICIAN	MEDICAL STAI		11/	11/2
	22d. PHYSICIAN'S	AME TYPE OR	PRINT			22e ADDRESS	J DILLETON E THISIC	, A. C.	/ /	-(0.
	P	Kon.	2							
-		1 was								

23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: # Item 21 is morked or Item 18 shows a

230. BURIAL, CREMATION, REMOVAL

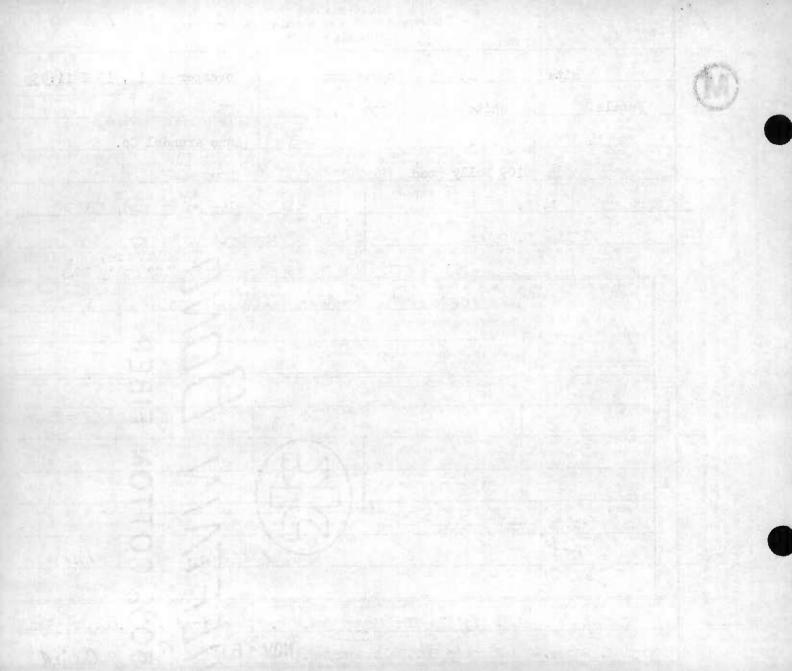
Burial

Glen Haven Mem. Pk. 21225 24 FUNERAL DIRECTOR George J. Gonce, 4001 Ritchie Hg., Baltimore, Md.

Nov. 15,'82

236 DATE

23d LOCATION COUNTY STATE Glen Burnie, A.A.Co., Maryland



TUDY CHAND OF LAYOUT MARKET Line Courses are

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH Alexander Raymond Dowgwillo TYPE OR PRINT November 3 SEX S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Male CAU July 24 1917 70. BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. Anne Arundel County WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Kimbrough Army Community Hospital TYPE OF WORK FOR MOST OF WORKING LIFE Ft. Meade, Md. Retired Army 13e. STREET ADDRESS 1425 Hoppa Road 13b. COUNTY Crownsville 13d INSIDE CITY LIMITS? Mary land 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hipolet Dowgwi110 Mary 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOVELUNKNOWN) WW=2 Joanne Dowgwillo/1425 Hoppa Road/Maryland 164-05-4023 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Pulmonary Edema IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF MYOCARDIAL Infarct Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. Atherosclerotic heart disease DIVISION OF VITAL RECORDS, 201 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NOX 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE The I certify that (II) (this haspital) attended the deceased from DEGREE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 11/15/82 ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN Maryland | 22e. ADDRESS Clarion E. Johnson, M.D., MAJ, MC | Kimbrough Army Community Hospital, Ft. Meade/ 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Burial Lady of The Fields Millersville A. A. Md. 11/18/82 24 FUNERAL DIRECTOR Glen Burnie, Md. Raymond C. Fink

DAY

14

82

IF UNDER 1 YEAR

7:00pm

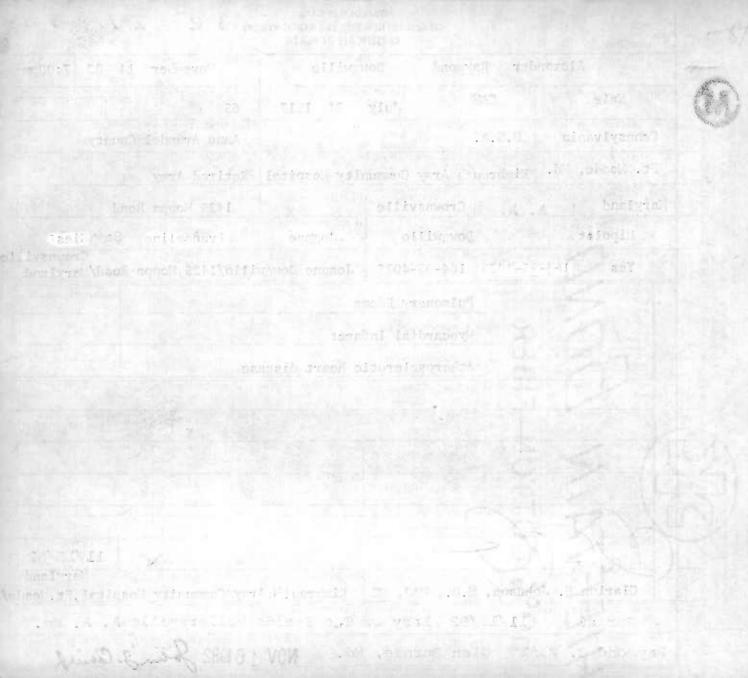
Crownsville

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

12b. KIND OF BUSINESS OR

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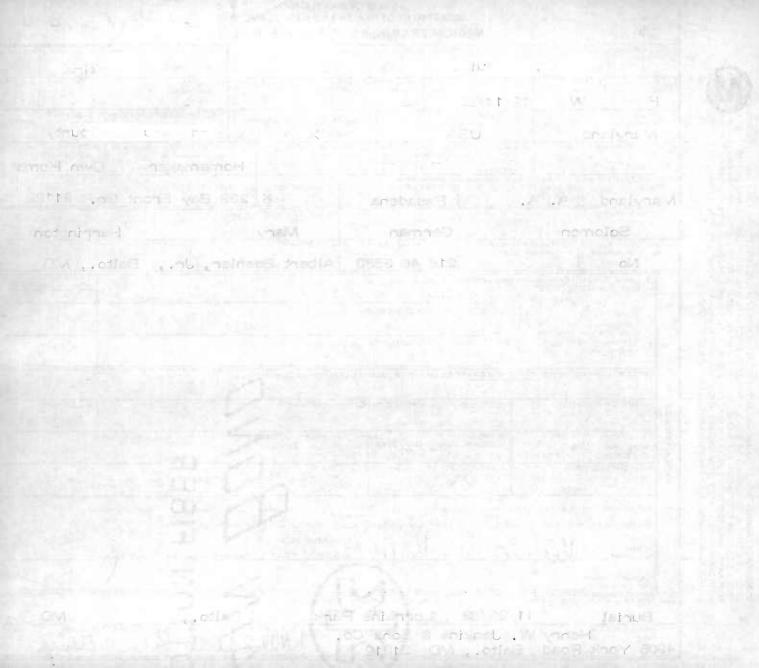
DHMH - 16 50M 1/B1 (VRA 15, 4)



5	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND CERTIFICATE OF I	MENTAL HYG	REG. NO.	271	E.S.T.
° &₹	. DECEASED NAME FIRST	WIDDLE	DD A TAT	TIT	NOVEMBER 16.		26. HOUR
o ko	S. SEX	PHERD 14 RACE	DRAIN 15. DATE OF BIRTH	111	NOVEMBER 16,	#UNDER I YEAR	5:29 PAN
	MALE	WHITE	MAY 14	1930	52 v	MONTHS DAYS	HOURS MIN.
7 (3	TO. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED -	9 BALTIMORE CITY OR COU ANNE ARUNDEL		MD.
by the funer filed within 7	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDEL	ADDRESS)		120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKI	NG LIFE) INDUSTRY	DISTRIBUTION OF BUSINESS OR
C 0 0	USUAL RESIDENCE (IF NURSING HOME O 136. STATE 135. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	CITY LIMITS?	13e. STREET ADDRESS	CT.	
d 2 sh	1. FATHER'S NAME FIRST	MIDDLE DRAIN	15. MOTHER'	S MAIDEN NA		C. LA	SER
0 _	JAEPHERD 160. WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI		JRITY NO. 17. INFORMA	.T .	ADDRESS One (20	ME AS	13)
quires that the atenth co signed by the attendin hen plaase remove corb to burial, cremation, ar- njury, ar ather troumatic		DUE TO, OR AS A CONSEQU (c) CONDITIONS CONTRIBUTING TO		O TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	10
hos been to permit. I be permit be	INDUSTRIAL TO THE PROPERTY OF	196. CONDITION FOR WHICH	OPERATION WAS PERFO	DRMED		F YES, WERE FIND ERTIFYING CAUSE YES [
ding physicion is certificate he buriol-transit p. Mental Hygien or fem 18 sho	OR CONTRIBUTING CAUSE OF OF	HOUR A.M. MONTH D		JURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2}	
After this cost the burillih and Me	VIFE TITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) 21f LOCATI	ON t	CITY OR TOWN	COUNTY	STATE
DR: A	220.1 certify that (I) (this hasp sow the deceased alive o	the deceased from	ond that in (my		deoth occurred on the date and	hour and from the	, that (i) (we) lost e causes stated
DIRECTORNEL DIRECTORNEL DEPT. of Hem.	22b. SIGNATURE	ot) view the body after death.	DEGREE	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DAJ	6/8V
FUNER old be ORTAN	22d PHYSICIAN'S NAME (TYPE		22e ADDRE	SS RITCHII		MARYLAND HEAST GLE	
BP	23a. BURIAL, CREMATION, REMOVA	L 236. DATE 23c	NAME OF CEMETERY OR	CREMATORY	23d LOCATION GITY OR TOWN	BALTIMO	STATE
	24 FUNERAL DIRECTOR ROBERT S. BA	5.81	RITCHIE HW		V 1 8 1982		

Mary Land Action Action and September 27 Action Co. Statement - Down Decome - Constant (SIZH EMEZ) - HIRSTS DE VOTES VITE SE SIE I -- I SW A PLAT TO PERSON TO A PARTY OF THE PARTY OF Ca Sucyong Common Marie Waster of Common Warrens Same Mar THE SHARK OF SHARK SHARK SHARK

		FOR			DEPART			AND MENTAL H	YGIENE	3_	9	71	6	8
5		STATE REGISTRAR		ME	DICAL	EXAMIN	ER'S C	ERTIFICATE O	F DEATH	H RE	EG. NO.			
		CEASED NAME	FIRST		WIDDLE			AST	20.	DATE KNOV	VN XX	NTH DAY	YEAR	26. HOU
À			Μ.		se			YER		EATH MATE	ED 🗆	11-21-	82	A
	3. SEX	4	RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE. LAST BIRTHD.				DATE	40M	TH DAY	YEAR	2d. HOUR
		F	W	12/14/9			RS.			DEAD		11-21-		11:30
5	FO	RTHPLACE (STA REIGN COUNTRY)		76. CITIZEN OF W		TRY?		D NEVER MARRI	ED L	ALTIMORE C	_			
-		Maryla TY OR TOWN O		11 NAME OF HOS	SA SPITAL NII	RSING HOME	WIDOWI			occupatio				ME
		sadena		239 Ba	CILITY GIVES	TREET ADDRESS)	V 0		FORMOS	of working Lin	FE)	OR	INDUSTR'	Y
,	USUA	L RESIDENCE (II		R OTHER INSTITUTION, G	IVE RESIDENCE	BEFORE ADMISSI	ON)				21.	[Owi	1 110	THE
	13a. S	aryland	13b. COUNT	Υ Y		ortown saden		13d. INSIDE CITY LIMITS? YES NO	13e. STREET 239	Bay F	-ront	Dr.	2112	22
		THER'S NAME		74				15. MOTHER'S MAIDE			1 0110			
į		Solo	omon	WIDDLE	Ger	rman		Mary	,	WIDDLE		Harri	^{AST} natoi	n
		VAS DECEASED	EVER IN U.S. ARA			CIAL SECURIT	Y NO.	17. INFORMANT		ADI	DRESS		4	
		No	, , , , , , , , ,		216	46 36	30	Albert Be	eehler	, Jr.	, Ba	alto.,	MD	
		18 CAUSE OF	DEATH (Enter onl	y one cause per line					Las			APP BETWI	PROXIMATE I	AND DEATH
		01-		E CAUSE (o)		t wound		cnest						
		765	7	DUE TO, OF	AS A CO	VSEQUENCE	OF							
		gove rise	to immediate	(b)										
		lying cause	toting the <u>under</u> e last.	DUE TO, OR	AS A CON	NSEQUENCE (OF							
				(c)										
	z	PART Z DINER SIGN	HIFICANT CONDITIONS	DNIKIBUTING TO DEATH	BUT NOT REL	LIED ID THE TERM	IINAL DISEASE	OR CONDITION GIVEN IN PAI	RT 1 (a).					
l	ATIO	190 DATE OF C	PERATION	196 CONDI	TION FOR	WHICH OPER	RATION W	AS PERFORMED?		-		20 AL	UTOPSY?	
	FIG								10 Y			Y	ES , ,	NO 🗆
	CERTIFICATION	210 EXTERNAL		216. TIME O		5 1V V= ::		W INJURY OCCURRE	D LENTER NATL	RE OF INJURY IN	ITEM 18 PART 1		XX	
	ALC	UNDERLYING CONTRIBUTIN	G CAUSE OF E	DEATH P.A	1 (24-82	sub	ject shot						
	MEDICAL	21d INJURY O	CCURRED	21e PLACE	OF INJURY	(AT HOME.		ATION		TV OR TO:		COUNTY		£7.77
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		27g Learnin	that I took chora	e of the remains de	scribed ab	ove held as	Autops	y XX, Inspection		nauiry .	and in a	ny apinian		
		death resulted		ol couses .	Accident		icide .			ined monner		., ., .,		
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-						1001				277707707211	•	0.125		
		(TYPE OR PRIN		carita A	Kor	ell M	D	ADDRESS 111	Penn S	treet	159			
	23a.B	URIAL, CREMATI	ON, REMOVAL ,2	36. DATE	23c.	NAME OF CE	METERY OF	RCREMATORY	23d. LOCA	TION		COUNTY	STA	ATE
		Burial		11/23/82		_orrai			Bal	to.,			MD	
	24. F	UNERAL DIRECT	Henry	W. Jenl	kins .	& Sons	s Co	NOV		GISTRAR 15	GISTRA	R'S SIGNATU	JRE.	
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DIVISION OF VITAL RECORDS,

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STATE OF MARYLAND DEDARTMENT OF HEALTH AND MENTAL HYCITAL

1	STATE		DEFARIA		ICATE OF DEAT	H	REG. NO.	base .	
	CEASED NAME FIRST		WIDDIE		AST		28. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
		rman	Douglas	E	dmondson	1	November 3	, 1982	
3. SE	X	4 RACE		5. DATE C			6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER I YEA	
	Male	Whit	ce	Feb		36	46 yı	MONTHS DATE	S HOURS MIN.
70 B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRI	ED 🗆	9 BALTIMORE CITY OR COU		
	aryland		5.A.	WIDOWE	DIVORC	ED [Anne Arun	idel Co	unty,
	Severn	11. NAME OF	HOSPITAL, NURSING STREET SEBTIN	G HOME C	or other institution	ON	120. USUAL OCCUPATION (FOREMAN) FOREMAN	NG LIFE) 186. KIND	OF BUSINESS OF
13e.		ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Severn		13d. INSIDE CITY LIA		13e STREET ADDRESS (2 8285 Sebrin	1144) g Cour	t
14. F.	ATHER'S NAME	MIDDLE	LAST	11	15 MOTHER'S MAIL	DEN NAM			
	Hurron		Edmondso	n	Pau	line	MIDDLE		OOMS
	WAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	-wif	Ee- ADDRESS	same a	as
		rean	219.30.	8988	Kathlee	n R.	. Edmondson		# 13
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost	(b)	DR AS A CONSEQUE		OF L	LUN	6		
NO	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ontributing to d	DEATH BUT	NOT RELATED TO TH	HE TERMIT	nal disease or condition	GIVEN IN PART	lio
CERTIFICATION	19a DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED)		YES, WERE FIND RTIFYING CAUSI YES [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CITHER NOTIFY MEDICAL EXAM	FDEATH HOUR A	DF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I ORPART 2	
MEDICAL	21d INJUR OF CURRED		OF INJURY REET, FACTORY OFFICE FA	ARM, ETC }	21f. LOCATION STREET	22	CITY OR TOWN	COUNTY	STATE
	If all certify that (I) this he have the deciment of others.	CONDIPIE	ne declased from			opinion d	eoth occurred on the date and	hour and from the	that (I) (we) las
31	DE SIGNATURE OLIVE	TA	JAN I	65	ATTENI PHYSIC	CIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/4	183
	Dr. Diana		KE Juha		Hosp.,		ol Oncology, O Caton Ave.	St. A Balto	_

DHMH-16 50M 1/BI (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Cross Cem.

23d LOCATION
CITY OF TOWN
Brook1

Burnie Singleton MD

23b. DATE

25a. DATE REC'D. BY REGISTRAR

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, it should be detached for use as the burial-transit permit. Then please remove corbanopers. Pages 1 and 2 should be filed within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is morked or them 18 shows ony

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

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-		REGISTRAR		CEKTIFI	CATE OF L	EAIN	REG. NO	D.		
		CEASED NAME FIRST	MIDDLE	C 1	AST .	500233	20. DATE OF DEATH		AY YEAR	26 HOUR ADDROX
		Lula	Ellen	SI	lison		Novemb		1982	9:150 M
	3. SE	Female	4 RACE White	5. DATE O	DAY	1 O O O	6. AGE (IN YEARS LAST BIRT)	_	ONTHS DAYS	HOURS MIN.
ai =	7n. BI	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	reb.		1909	9 BALTIMORE CITY O	YRS.	OFDEATH	
Out of	P	est Viroinia	U.S.A.	MARRIED	NEVER A	VORCED	Anne Arun			440
69 4	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN IF NOT INSUCHACILITY, GIVE STREET. North Arundel II	G HOME O	ROTHER INST		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON WORKING LIFE	126. KIND O	F BUSINESS OR
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www.		Ab naham	Reed Reed		Ma	S MAIDEN NAM FIRST OOLE	MIDDLE		Whit	e
e medicol		VAS DECEASED EVER IN U.S. AR. YES, IND OR UNKNOWN) (1F YES, GIVE	MED FORCES? 166 SOCIAL SECUI WAR OR DATES) 216-70-2	2815	Mr. S	amuel P	· Ellison	_	as #13	
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orked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATIO	ON L.	CITY OR TOW	'n	COUNTY	STATE
n 21 is m		sow the deceased alive on above, (1) (we) (did) (did no	rath attended the deceated from19			(our) opinion d	eoth occurred on the do	ote and hour	and from the	
-T. # #en		226. SIGNATURE	Wefughtin			ATTENDING PHYSICIAN	MEDICAL STAP		11/4	82
MPORTANT	77-6	Randall Mc	Laughlin, M.D.		3708	4.	n Rd., Pasa	dena,	Nd. 211	22
≤		BURIAL, CREMATION, REMOVAL SPECIFY Burial	11		en Mem		23d. LOCATION GITY ORTOWN GLEN BURN	ieAnr	re Arun	del Ma
77	24 FI	uneral director Mitn. & Cully Funeral		Pasade	na, Md.	25a. DAJE	0 5 ° 682°	25h Highs	RAR'S S	anicy.

DHMH - 16 50M 7/77 (VR A 15 (4))

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0		CEASED NAME E OR PRINT)	FIRST		WIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
	3. SE			J. Fal		S. DATE C	DE DIOTH	4 ACE ANAMERICAN	11 25	82	М
1		Male		White	9	111		6. AGE (IN YEARS LAST B	YRS.	MS DAYS	HOURS MIN.
35		IRTHPLACE (STATEORE COUNTRY)	ORE IGN	U.S.	A.	MARRIE WIDOWE	D NEVER MARRIED D	Anne Ar	_		MD
000	E	ity or town of dea Brooklyn		109	Loth Ave	AOORESS)	DR OTHER INSTITUTION	12a USUAL OCCUPAT TYPE OF WORK FOR MOST RISSET		2b. KIND O NDUSTRY Ship	E BUSINESS OR
35	13a. S	al residence (if nurs) State Md •	136 COUN A. A	TY	GIVE RESIDENCE BEFORE 13c CITY OR TOW Brookly	N	134 INSIDE CITY LIMITS?	13° STREET ADDRESS	h Ave.	(212	225)
20 ZC	14. FA	Andrew	^	NDDLE	Fabula		15. MOTHER'S MAIDEN NA Barbara	WE	C	iris	5
medicol	160 V	WAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 217-14-		Joseph Fa	abula 362		2121 .ew A	
ows ony injury, or other troumotic event,	CERTIFICATION	Conditions, if ony, gove rise to imm couse 101, storing underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT	which mediate g the last	DUE TO, OF DUE TO, OF (c) DODDITIONS CC	CARD AS A CONSEQUE CONOR AS A CONSEQUE CONOR C	NCE OF NCE OF NCE OF U A OTH BUT	NOT RELATED TO THE TERM	on Or are		hou you have the property of t	Sepsus GS USED
morked or Item 18 shows	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK	AUSE OF DEAT (AL EXAMINER)	P.A 21e. PLACE C	M. MONTH DA M. DE INJURY BET, FACTORY, OFFICE, FA	Α	216 HOW INJURY OCCURI		URY IN ITEM 18 PART 1	ORPART 2)	STATE
MPORTANT: If them 21 is mo		27a I certify that (I) sow the decease above. (I) (we) Id 27b S GNATURE) 22d PHYSICIAN'S NA	d alive an	view the body	5 19		, 19 and that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 5	/ MEDICAL STA	FF	I from the c	
	Bu	BURIAL, CREMATION, I		23b. DATE 11/27,	/82 Ho.	Ly Re	emetery or crematory edeemer Cem	Balti		UNIY	Md. STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

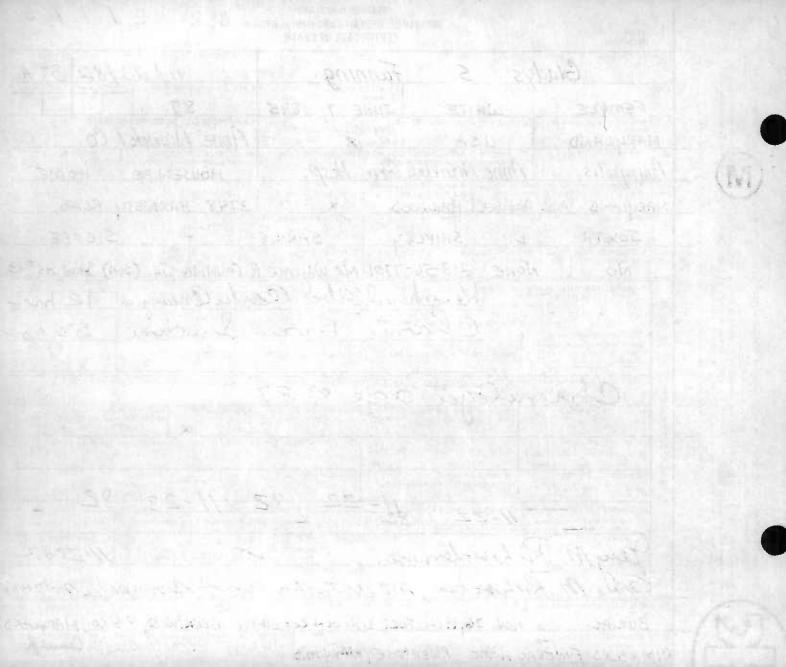
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George J. Gonce F.H. 4001 Statchie Hgwy.

John J. Comich DEC 1 -

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6	FOR T STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 2	7773
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may be page 3 ter death	3. SEX	4 RACE	5. DATE OF BIRT	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS.
oge 4	FEMALE	WHITE	JUNE 7, 1895	87 YRS.	AONTHS DAYS HOURS MIN.
neral d in 72 ho	MARY LAND	USA	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	PANNE Frunde	16. MD.
a (M) \$3	Annapolis	11. NAME OF HOSPITAL, NI PROTINSUCHACILITY, GIVE		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR INDUSTRY
AND 212	USUAL RESIDENCE (IF NURSING HO 130 STATE 136.	ME OR OTHER INSTITUTION GIVE RESIDENCE COUNTY NE ARUNDEZ HARL	TOWN 134 INSIDE CITY LIMITS?	130. STREET ADDRESS	y ROAD
d withing d withing and 2 should shou	14. FATHERS NAME FIRST JOSEPH	MIDDLE SHIP	15. MOTHER'S MAIDEN N. SANNI	MIDDLE	STEFFE
MORE, A carcute and car and ca	160 WAS DECEASED EVER IN U.	S. ARMED FORCES? III. SOCIAL ES, GIVE WAR OR DATES!	SECURITY NO. 17 INFORMANT	ADDRESS	SON) SAME AS#13
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ne low range in hos been premit ene priori	190. DATE OF OPERATION	196 CONDIN N FOR W	HICH OPER (TON WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
OF VITA CLAN: TI Physica Physica of transit to Hygii m 18 sh	OD CONTRIBUTION TO CAUSE	OF DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART T OR PART 2}
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AL OR ATT , the hospit AL DIRECTO Jetached for TI: If Item 2 IT:	PROPERTY OF THE PROPERTY OF TH	Rich Andson	DEGREE ATTENDING PHYSICIAN	DIRECTOR D PHYSICIAN	221. DATE SIGNED
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	230. BURIAL, CREMATION, REMO	6 1 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP DHMH - 16 50M 4/B2	24 FUNERAL DIRECTOR	Nov. 26, 1982		TRY BENTWOOD, ITERED D. MOGIST	RAR'S SIGNATURE
(VRA 15, 4)	CHAMBERS FUN	ERAC HOME RIVE	ERDALE, MARYUMID U	LU I ISOL JOAN	



7	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 2	7774
y be		EASED NAME ROBERT AND MIDDLE PRINT)	nold FARINHOLT	20. DATE OF DEATH MONTH DA	02 000
A A Woode 4 mo	3. SE	MALE White	5. DATE OF BIRTH	57 YRS.	UNDER I YEAR IF UNDER 24 HRS
deoth. P		THPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY) USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUNDEL	Country MD.
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LAND 21 hin 24 ho hin 24 ho should be should be recrimest b		RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESI ATE 135. COUNTY 12. CIT	YOR TOWN 13d. INSIDE CITY LIMITS? YER D NO YES NOTHER'S MAIDEN NO	130. STREET ADDRESS	Severna Park
cuted with complete s 1 and 2 and 2	e	oyd Haly Farm	LAST PRST	ADDRESS TU-	Arnold.
ALTIMORE. e be execution and colors. Pages 1.		Ses WWW Trates) 219	-16-0296 Katherine	1-	1 5 4 1
N ST., B./ certificat certificat ling physi rbon pop or removo		IB. CAUSE OF DEATH. (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	epatie failure		2 webs
PRESTO the death he attend emove co motion, o	-0	Conditions, if ony, which gove rise to immediate couse (a), stoting the	The state of the s	disease	7 years
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the adding physician. When this certificate has been signed by the oftending physician and completely filled in the ost the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled in an Amental Hygiene prior to buriol, cremotion, or removal. The contraction of the medical examiner and the corporation of the medical examiner and the filled or them that the medical examiner and the filled or the filled	CERTIFICATION	90 DATE OF OPERATION 196. CONDITION	R WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY! YES NOW YES	WERE FINDINGS USED NG CAUSES OF DEATH?
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if Al OR AT by the hosp is Al DIRECT e detoched to stote Dept. o		27b, SIGNATORE LEAD SIGNATORE	DEGREE ATTENDING PHYSICIAN 1276 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED
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DHMH - 16 50M 4/B2 (VRA 15, 4)	J	I'm M. Taylor& Sons,	Annapolis, MD NO	OV 16 1982	

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F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ASEA O. C. Maskaron . IP, UKSKALI O FIRM atid July 30, 1933 TENTE CARBOLLA BY... age of LATERON INCHERA HIRON SINGO MINIÈ Mechanic-Porumna Taner Dum Co. Min Code - Min Gir oform and tohung' out haden Atl Flycll Court "unice Clydo Flankan as in Townson tddress fale as 212-14-9685 Mrs. Shirley E. Mering No. 15c.

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F. Carchis Sons P.H. C. . . - yotheville, Maryland - William

Y	FOR STATE REGISTRAR DECEASED NAME	FIRST	DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTA CATE OF DEATH		S Z REG. NO			
	YPE OR PRINTS	Sean	T.	Fou	rnier	20. DAT	OF DEATH	1 2	4 19	82 ^{2b. h}
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MARYLAND 21201

PRESTON ST

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DIVISION OF VITAL RECORDS.

STATE OF MARYLAND

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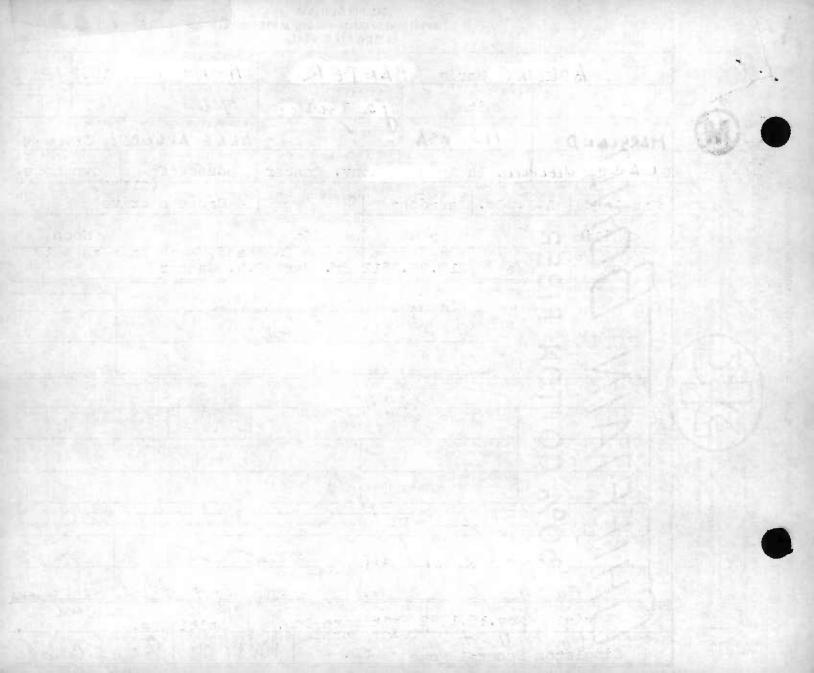
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page a married by the hospital or offending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral directors should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 77 hours after this should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled within 77 hours after the Stoke of Medit of the most permit of the more continued at some continued at some continued at some continued.)	s ofter death. Page 4 mil	by the funeral directorised within 7.7 hours attended within 7.7 hours attended of once.
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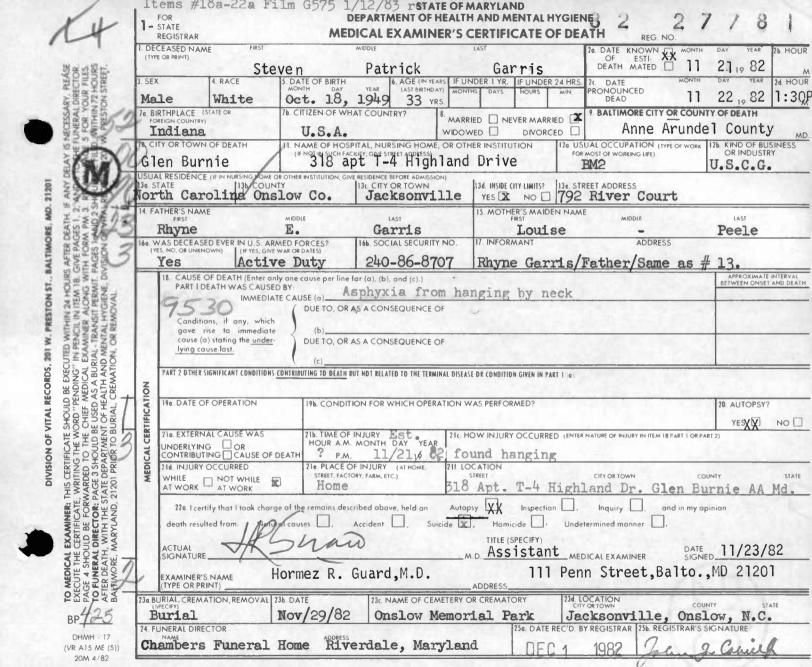
(VRA 15, 4)

	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	2777
	I. DE	CEACED NAME FIRST	Anna MIDDLE H.	Galligan	20. DATE OF DEATH M	ONTH DAY YEAR 26 HOUR
	3. SE		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS
		Female	Cauc,	Jan. 10, 1892	90	YRS.
Source.		RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	8. MARRIED NEVER MARRIED SE WIDOWED DIVORCED	9. BALTIMORE CITY OR Anne At	
Of Motified		dgewater	LIF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) N. Home	120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	
35		AL RESIDENCE (IF NURSING HOME OF ATTACK 13b. COU		I 134. INSIDE CITY LIMITS?	130 STREET ADDRESS	wood Rd.
21	14. F/	John He	nry Gallig	15. MOTHER'S MAIDEN NA Maria	AME	Riley
medicol		VAS DECEASED EVER IN U.S. AI res, no or unknown) (IF yes, GI	VE WAR OR DATES	PITY NO. 17. INFORMANT 9521Charles Ga	ADDRES	Annapolis,
ny injury, or other tro	CERTIFICATION	Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT				TION GIVEN IN PART 1:0
° 2	TIFIC				YES T NOW	IN CERTIFYING CAUSES OF DEATH
em 18 sh		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
rked or h	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211. LOCATION	CITY OR TOW	N COUNTY 51A
T: If Nem 21 is ma			of view the body ofter death.	92, and that in (our) opinion DEGREE ATTENDING PHYSICIAN		e and hour and from the causes state
IMPORTANT: #		22d. PHYSICIAN'S NAME (TYPE	W. Kinzer	16 Mui	may Ave.	Annepolis 14
21	23a. 6	Burial	11/18/82 St	NAME OF CEMETERY OR CREMATORY . Joseph Cem.	West Ro	burry, Mass. STA
4/82		DINERAL DIRECTOR B. 2 12 West St.	eall funeral . Annapolis PRESS	OM C. 250. DA	TE REC'D. BY REGISTRAR 25	o an 2 Canil

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,	-		CEASED NAME	FIRST		MIDDLE	į	AST		20. DATE OF DEATH		AY YEAR	2 b	HOUR
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eath. Po	W A		ARY LAN STATE OR F		1// 5/			ED NEVER MARRIED DIVORCED		ANNE AL	_			NTIMO
70	0.5		TY OR TOWN OF DEA			HOSPITAL, NUR	SING HOME C	R OTHER INSTIT	leaned.	120 USUAL OCCUPATI	ON	126. KIN	D OF BU	ISINESS OR
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YL ishin	2 sh	14. FA	THER'S NAME		DDLE	1467		15. MOTHER'S		AE MIDDLE				
MAR ed w	and Caro		Philip	Wil	DDIE	Sac	hs	Id					1001	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours	Poges 1		VAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIVE V		166 SOCIAL SE 218.2			_	band) ADDRE		ne as	s #	13
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5	ē F # 3 ₹	23a I	BURIAL, CREMATION,		23b. DATE			EMETERY OR CR		23d. LOCATION CITY OR TOWN		COUNTY	Med	STATE
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	H-16 30M 2/80	24 F	UNERAL DIRECTOR	eun F	Elear	ton ADDRES		Burnie	250 DATE	REC'D. BY REGISTRAR	256. DEGISTR	AR'S SIGN	NATURE	
	(VRA 15, 4)		Sing1	eton	Funer	al Hom	e ¹	D.	NU	v 1 6 1982	John	nde	wh	ulg





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(VRA 15, 4)

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7	1-	FOR STATE		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN 2 2 7 7 8 4 MEDICAL EXAMINER'S CERTIFICATE OF DEATH								8 4
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NECESSARY, PLEASE UNREAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS. PRESTON STREET.	3. SE:	·	John.	5. DATE OF BIRTH		(IN YEARS IF LI		JDER 24 HRS.	DEATH MATEL	MONTH	2 8 19 d	YEAR 24 HOU
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PAGE F	.4	YNA DO	OF DEATH	(IF NOT IN SUCH FA	SPITAL, NURSING HACHITY, GIVE STREET ADDI	GENE, OR OTH	1	Res	AOST OF WORKING LIFE	Super	12b. KIND O OR IND	OF BUSINESS DUSTRY
8 Service	USU. 13c. S	AL RESIL ENCE	IF IN NURSING YOME OF THE COUNTY OF THE COUN	OR OTHER INSTITUTION, GI	13c. CITY OR TOV WORCEST	ER	13d. INSIDE CITY LIMI	TS2 13e. STRI	EET ADDRESS			a Ave.
FEATH FEATH AND 2 SHOWN 3 SHOW	(4, F.	ATHER'S NAME	liam	MIDDLE	Gillis		15. MOTHER'S M	AIDEN NAME	MIDDLE		DITLAST	
ALTIMOR AFTER DE SIVE PAGE TH FORM AGGS I A	16a. \	VAS DECEASED ES, NO, OR UNKNO YES	EVER IN U.S. AR.	MED FORCES? WAR OR DATES) Orea	018-24		Anne G	illis,	Osceol:	a Ave.		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS, RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GINED TO THE CHIEF MEDICAL EXAMINER ALONG WITES SHOULD BE USED AS A BURAL. TRANSIT PERMIT PE DEPARTMENT OF HEALTH AND MENTAL HYGIFENE, DIVIOUR TO BURIAL. CREMATION, OR REMOVAL.		414 Canditian	9 IMMEDIA s, if any, which	TE CAUSE (a DUE TO, OR	far (a), (b), and (c)	arler	of diss				APPRO) BETWIN	KIMATE INTERVAL ONSET AND DEATH
DS, 201 W. PREST KECUTED WITHIN NG" IN PENCIL IN ALE KAMINER A BALE KAMINER A AND MENTAL HY ATION, OR REMC		gave rise to immediate cause (a) stating the <u>under-lying cause last.</u> (b) DUE TO, OR AS A CONSEQUENCE OF (c)										
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E SHOULD VORD "PROPER PE CHIEF A BE USED, NIÇOF HE BURNED."	CERTIFICATION										20. AUTC	
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12AAAKE	MEDICAL	ZId INJURY O WHILE AT WORK	CCURRED NOT WHILE AT WORK		OF INJURY (AT HON TORY, FARM, ETC.)		CATION STREET		CITY OR TOWN	C	OUNTY	STATE
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BAYNMORE, MARYLAND, 2		22a. I certif death resulte ACTUAL SIGNATURE		ge af the remains des ral causes A,	accident ,	an Autap Suicide	Hamicide TITLE (SPECIF	Y)	Inquiry , ermined manner [and in my o	apinian	8.8~
MEDIC FECUTE AGE 4 S FER DE	/	EXAMINER'S I	NAME FL	INHARD	+			wafol	15-MO	•		
48 A F T T A S T A	(:	Buria		12/2/82	Hope	Cemet		Wol	cester,	, Mass		STATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	24. F	UNERAL DIREC	st Str	Funera eet, Ann	Home hapolis,	Md.		ATE REC'D. BY	1982 256.	AGGISTRAR'S	SIGNATURE L	ilf

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	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYG	SIENE 8	2 REG. NO	2	7	7	8	5
	1. DECEASED NAME FIRST (TYPE OR PRINT)			N	NIDDLE	LAST 20 DATE OF DEATH MONTH DAY YEAR							YEAR	2b. HO	JR
		A	lice		E.	Go	ood				11 2	2	82		м
	3 SE	х		4 RACE		5. DATE C			6. AGE (IN	YEARS LAST BIRT	HDAY)		RIYEAR	IF UNDE	
	F	'emale		Whi	te	9 9	19	1918		64	YRS.	WONIHZ	DAYS	HOURS	MIN
21		RTHPLACE STATE OR F	OREIGN	76 CITIZEN OF V	WHAT COUNTRY?				9 BALTIM	ORE CITY O		Y OF DE	ATH		
0		country) ennsylvan	ia	U.S.A		WIDOWE		IVORCED	Anne	a Arııı	nde1	Co	unts	7	MD.
12		ITY OR TOWN OF DEA		(IF NOT IN SUCE	OSPITAL, NURSIN	G HOME C	ROTHER INS		126. USUAL OCCUPATION 126. KIND OF BUSINESS C						
N	-	len Burni			uthbridge		e, Apt	.J	Housewife						
3	13a. S		13b COUN	TY	GIVE RESIDENCE BEFORE 134 CITY OR TOW Glen Bu	N	13d. INSIDE	CITY LIMITS?		Sout!	hbri	dae	Dr.		061 ot J
-	14. F.A	THER'S NAME	- 1				15. MOTHER	S MAIDEN NA							
2		Joseph	^	AIDDLE	Dekow	ski	A	nna nna	1, 15	WIDDLE			Sass	5	
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM			South					
1	No				214-24-	0329	Melv	in D.G	ood-0	Glen H	Burn.	ie,	MD.	. 2:	1061
		PART I. DEATH WAS CAUSED BY: MMMEDIATE CAUSE (o)													
	NO.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:01													
9	CERTIFICATION	19a DATE OF OPERAT	NON	196. CONDITION FOR WHICH OPERATION WAS PERFOR					20a AU	OPSY?	20b. IF YE IN CERTI	S, WERE	FINDIN	GS USE OF DEA NO [TH?
7		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT							NATURE OF INJUR	Y IN ITEM 18	PART I OR	PART 2)		
	MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, E			211 LOCAT			CITY OR TOV	WN	CO	UNTY		STATE
		22a I certify that (I) sow the decease above, (I) (we) (d	d olive on		19			, 19	deoth occur	on the do			om the c	ouses st	we) lost oted
		276. SIGNATURE 276. PHYSICIAN'S NA	AME (TYPE OF	PRINT)		. 1	22e ADDRE	ATTENDING PHYSICIAN S	EDICA IRECTO	STAF		22	1/2	2/8	2

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TO FUNERAL DIRECTOR. After this certificate has been

should be detoched for use with the State Dept. of Heal

IMPORTANT: If Item 21 is morked or Item 18 shows ony

ottending physicion and completely filled in by the ove corbonpopers. Pages 1 and 2 sheriful be tilled

and Mental Hygiene prior to burial, cremation, or removal

DHMH - 16 50M 1/81 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial Duda-Ruck, Inc. 7922 Wise Avenue, Dundalk, MD

Dr. Eric Fisher

11/24/82

23b. DATE

Gardens Of Faith

21222

231 NAME OF CEMETERY OR CREMATORY

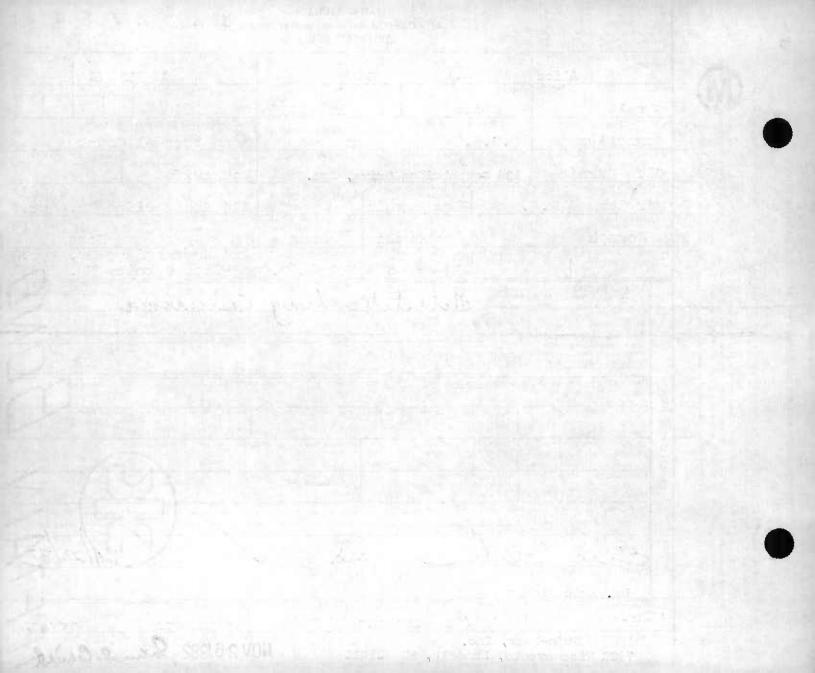
23d LOCATION
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Baltimore

COUNTY

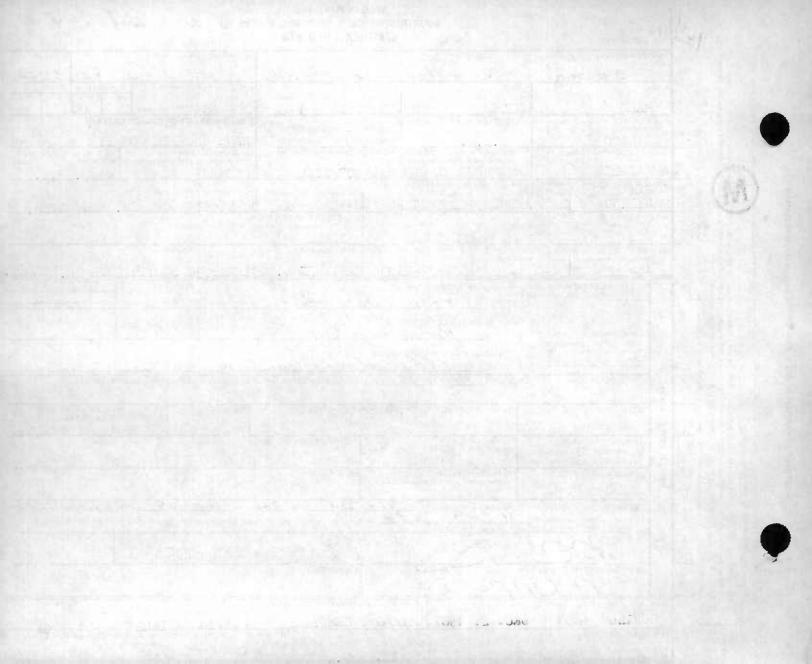
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	-	500		ATE OF MARYLAND	- 2 13 1	9 7 5 4
	11-	FOR STATE	MEDICAL EXAMI	F HEALTH AND MENTAL HYG NER'S CERTIFICATE OF D	CATU	2//00
		REGISTRAR CEASED NAME FIRST	MIDDLE	LAST LAST	2a, DATE KNOWN	MONTH DAY YEAR 75 HOUR
# & & & E	(TYI	PEORPRINT)	Marie	90VEART	OF ESTI- DEATH MATED	0 1 1
FALES. URS URS	3. SE	I RACE S. DA		YEARS IF UNDER 1 YR. IF UNDER 24 H		MONTH DAY YEAR 2d. HOUR
6		F W 8		YRS. DAYS HOURS MIN	PRONOUNCED DEAD	11 9 1082 PM
	7 to 15	RTHPLACE (STATE ON 76. C	ITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. PALTIMORE CITY O	R COUNTY OF DEATH
Zana Z	W	ASH. D.C.	USA	WIDOWED DIVORCES	ANNE AR	LUNDEL MD.
AN SHEET S	1	III OR IOWN OF DEATH	NAME OF HOSPITAL, NURSING HOA IF NOT IN SUCH EACHLY, GIVE STREET ADDRESS		USUAL OCCUPATION (TYPE	NDUSTR*
MY DEU Dato PANN P	USU.	AL MESIDENCE OF INNURSING FOR OR OTHER	35 Edgewate	SION)	CCOUNTAN	RETAIL
MD. 21201 H. IF AND H. 3. RETA M.	13a.5	TATE VA ALEXA	doin HEVEL	ARIA YES NO S	SPEET ADDRESS	1085
A PASSA	14. F.	ATHER'S NAME		15. MOTHER'S MAIDEN N.	AME ,	000
w 4 5 2 7 P///	A	ifeed Joseph	ph GOVEA	et Lois	/RENE	CAPPS
BALTIMORE, RS AFTER DEAT GIVE PAGES WITH FORM PY WITH FORM PY PAGES I AND	16a. \	WAS DECEASED EVER IN U.S. ARMED F	ORCES? 16b. SOCIAL SECUR	ITY NO. 17 INFORMANT	Hother ADDRESS	2600 KENTING ST
BALT.		No	577-64-	5051 LOIS YOU	EART TE	note Wills, and
5 8 8 1 0	100	 CAUSE OF DEATH (Enter only ane PART I DEATH WAS CAUSED BY: 	cause per line for (a) (b), and (c).)	41 0/01	4	BETT TELY ONSET AND DE ATH
STON:		9554 IMMEDIATE CAL	USE (a) CR AS A CONSEQUENCE	Thrower !	mee_	Suller
HIN		Conditions, if ony, which	DUE TO, GR AS A CONSEQUENCE	E OF		
WINE WINE NTA NTA NTA	-	gove rise to immediate cause (o) stating the under-	(b) DUE TO, OR AS A CONSEQUENCE	F OF		
EDS, 201 W. PRESTON ST XECUTED WITHIN 24 HOI NG" IN PENCIL IN ITEM 1 "AL EXAMINER ALONG BURIAL TRANSIT PERMI AND MENTAL HYGIENE." VATION, OR REMOVAL.		lying couse lost.	(c)			
F VITAL RECORDS, 201 E SHOULD BE EXECUTED WORD "PENDING" IN F E CHIEF MEDICAL EXA BE USED AS A BURIAL NI OF HEALTH AND MU BURIAL, CREMATION,		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI		RMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO	0.	
DIVISION OF VITAL RECORDS, S. CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" ROBE TO THE CHIEF MEDICAL ES 3 SHOULD BE USED AS A BUF. EDEPARTMENT OF HEALTH AND TO PRICIPALLY OF PROPERTY OF PROPERTY.	CERTIFICATION					
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DF VITA	ER	21a. EXTERNAL CAUSE WAS	216. TIME OF INJURY	1216. HOW INJURY OCCURRED (E)	NTER NATURE OF INJURY IN ITEM 18 P	YES NO ART LOR PART 2)
CERTIFICATE SH CERTIFICATE SH BITING THE WOR DED TO THE CH E 3 SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SH	ALC	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YE		1. a. a. t. +1	
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DIVIS E: THIS CER TE, WRITIN RWARDED E: PAGE 3 SI S: STATE DEP D:, 21201 PR	1	WHILE AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)	574661	CITE OR TOWN	A.A.CO. MO
			he remains described obave, held on	Autopsy , Inspection	Inquiry , and	d in my opinion
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CAL EX. THE CER SHOULD SRAL DIR SATH, WILL WARE, WARE		SIGNATURE S. Juh	redt	M.D. Deput 9	MEDICAL EXAMINER	DATE SIGNED 11.10.82
WOOF STATE	1	EXAMINER'S NAME	VHARDT	Aug	2polis-M	4
TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL	7300	(TYPE OR PRINT)		ADDRESS 23	ELOCATION -	
BP_	1	REMATION 11	-13-82 CEDAR	Hill Casmather	Sufford	Pan mil
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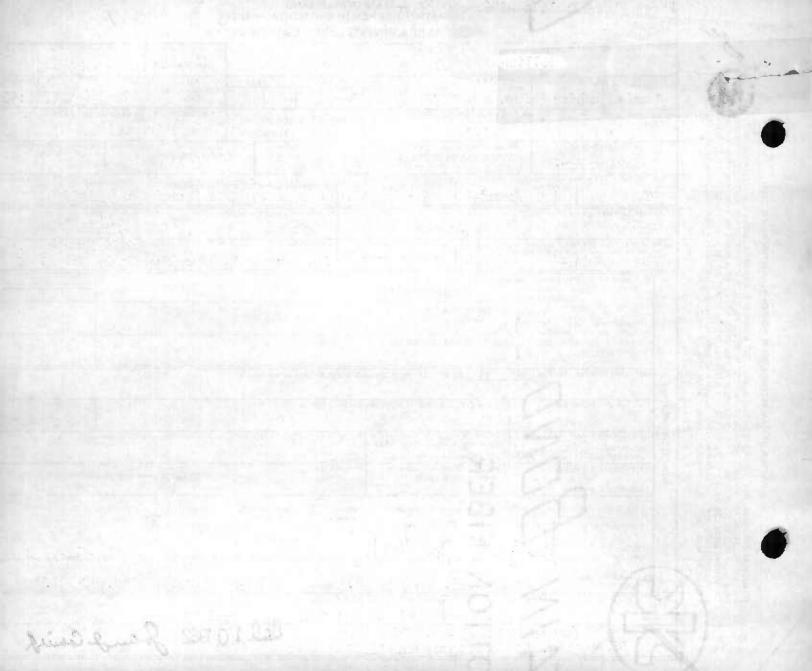


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 FOR - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2a DATE OF DEATH MONTH 2b. HOUR EUGENE LITYME OR PRINCIP HOMAS 1. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS WHITE 10 Th CITIZEN OF WHAT COUNTRY 9. BALLIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED X 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IVIL SERVICE IF HUMSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION ATY OR TOWN 13d. INSIDE CITY LIMITS? HUNAPOLIS 15. MOTHER'S MAIDEN NAME MADDLE 860M 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 85718 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) DIVISION OF VITAL RECORDS. 19a DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO [TIR ACCIDENT WAS UNDERLYING [21h TIME OF INJURY 2 Ic. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING [] CAUSE OF DEATH OF EITHER, NOTEY MEDICAL EXAMINERS PM 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from 1982 saw the deceased alive an and that in (my) (quel opinion death accurred an the date and haur and from the causes stated above, (Il (and I did not) view the body after death 77h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Murray Ave. Annapolis, Richard I. Hochman 23c NAME OF CEMETERY OR CREMATORY DHMH-16 60M 1/73 (VR A 15 (4))

Institute Euresta United a MOVER 1982 A 11/418 10/21 15 10/21 BB DEM THE THE WASH 23600 AL 3404 X HONDINGERS LANDER HILLS LOW LIKE LIVES SAINE STEADER The AA morning of the second AA TOTAL TENDERSON CARROLL ALBERT No. 1 The Control of Monard I. Housened to Murrey Ave. Annapolity, 30 21401 CHAIN BY COMMITTEE STATE FOR THE STATE OF TH Marine of the second of the se

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20M 4/82



// 1.	FOR		TE OF MARYLAND HEALTH AND MENTAL	HYGIEN®	27721
	- STATE REGISTRAR	MEDICAL EXAMIN		Also Also	din / /
	DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE KNOWN IN	
3.	Leon	ard N.	Harris. SR.	OF ESTI- DEATH MATED	II II 1982 M
3.	SEX 4. RACE	5. DATE OF BIRTH 6. AGE (IN YEAR LAST BIRTHDA	ARS IF UNDER 1 YR. IF UND	ER 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR
14	ALE BLACK	5 19 1939 43 YE	Months Date Hooks	MIN. PRONOUNCED DEAD	11 11 1982 8:00
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED A NEVER MAI	9. BALTIMORE CITY C	OR COUNTY OF DEATH
	ARYLAND	U.S.A.	WIDOWED DIVO	RCED Anne Arund	del County, MD
10	Galesville	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 956 Benning Road	, OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYP FOR MOST OF WORKING LIFE)	PEOF WORK 126 KIND OF BUSINESS OR INDUSTRY
13	a. STATE 13b. COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION IN CONTRACT OF TOWN	13d. IHSIDE CITY LIMITS		
	ARYLAND A.	A. GLAESVILI		- 10 Donning III	
1	JOSEPH	MIDDLE	15. MOTHER'S MAI	MIDDLE	LAST
16	WAS DECEASED EVER IN ILS AD	HARRIS MED FORCES? 166, SOCIAL SECURITY	ANN IE	ADDRESS	NEAL
	(IF YES, GIVE	WAR OR DATES)			alesville, Md.
	18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	DBY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TE CAUSE (a) Shotgun Wound	d of Chest & A	bdomen	
	Conditions, if ony, which		OF .		
	gove rise to immediate couse (o) stoting the under-	(b)	7-		
	lying cause last.	DUE TO, OR AS A CONSEQUENCE C	OF		
	PART 2 OTHER SIGNIFICANT CONDITIONS	(c)COHTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	INAL DISEASE OR COMOTTION CIVE IN	PART L (a)	
1		TO SERVICE OF THE PERMIT	MAL DISEASE OR CONDITION DIVER IN	TARL LUD.	
	196. DATE OF OPERATION 216 EXTERNAL CAUSE WAS	19b. CONDITION FOR WHICH OPER.	ATION WAS PERFORMED?		20 AUTOPSY?
1	¥				YES XX NO [
	210 EXTERNAL CAUSE WAS	116. TIME OF INJURY ADD TOX	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
	UNDERLYING XX OR CONTRIBUTING CAUSE OF			shot	
	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	211 LOCATION		
1	WHILE DOT WHILE DAT WORK	Home	956 Benning	Road Galesville.	Anne Arundel Co.,
	220 I certify that I took share	ge of the remains described above, held an	Autopsy XX, Inspect		nd in my opinian Md
			icide , Hamicide		id in my opinian
1	111	A () A	TITLE (SPECIFY)	ondetermined indiriner	
	ACTUAL SIGNATURE	JA DO	M.D.Assistan	+ MEDICAL EXAMINER	DATE 11-12-82
			m.v.	MEDICAL EXAMINER	SIGNED TO THE STATE OF
-	(TYPE OR PRINT)	n M. Dixón, M.D.	ADDRESS	I Penn Street	
23	BURIAL, CREMATION, REMOVAL	236 DATE 236. NAME OF CEN	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
L	BÜRTAL	11-16-1982 EBENEZER	CHURCH CEME.	Galesville	A.A. Womiland
	FUNERAL DIRECTOR	ADDRESS Annapolis			STRAK'S SIGNATURE Y LOTTU
	WILLIAM REESE & S	SONS MORTUARY, P.A.	NU NU	V 1 6 1982 / Jac	man coming

completely filled in by the . I and 2 shauld be filed

injury, ar other traumatic event, the

and Mental Hygiene prior to burial, a

If Item 21 is marked or Item 18 shows any

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIF	ICAIL OF PLAIN	REG. NO	D.		
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE		LAST	26 DATE OF DEATH	MONTH D.	AY YEAR	26 HOUR
James	e/ 14.	1	tarriv	,	115	87	7.55 A
3. SEXMALE	BLACK	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRT		ONIHS DAYS	IF UNDER 24 HRS
MARYTAND	U.S.A.	COUNTRY? 8. MARRIE	D NEVER MARRIED D	9. BALTIMORE CITY O ANNE ARUN			M
10 CITY OR TOWN OF DEATH ANN APOLIS	(IF NOT IN SUCH FACIL	ITAL, NURSING HOME OF LITY, GIVE STREET ADDRESS) NDEL GENERA	DR OTHER INSTITUTION L HOSPITAL	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF			OF BUSINESS OF
USUAL RESIDENCE INF NURSING HOME 130. STATE MARYLAND		ESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	136. STREET ADDRESS 3737 Oak	Lane		
14. FATHER'S NAME SAMUEL	MIDOLE	"HARRIS	15. MOTHER'S MAIDEN NA MATERNDA	WE	G	ALLOWA	Ϋ́
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 S GIVE WAR OR DATES)	SOCIAL SECURITY NO.	17 INFORMANT ELSIE BUTLE	ADDRE R 3737 Oak :		dgawat	er, Md.
Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN 2	([c)	A CONSEQUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONE		N IN PART III	۵,
190 DATE OF OPERATION 21g, ACCIDENT WAS UNDERLYING	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDIN	
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. /	MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED {ENTER NATURE OF INJUR	Y IN ITEM IB PAI	RT I OR PART 2)	
21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STREET, FAI	JURY CTORY, OFFICE, FARM, ETC]	2H LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) (22b. SIGNATURE	on NOU. 4	19 82 or	nd that ir (my) (our) apinion of	death accurred on the da	te and hour	and fram the	
22d. PHYSICIAN'S NAME (TYP	E OR PRINT	0	ATTENDING PHYSICIAN [MEDICAL STAF		224. DATE	SIGNED
A. CAI	PUTO						
230 BURIAL, CREMATION, REMOV. BURITAL	11-9-198	23c NAME OF C	EMETERY OR CREMATORY PE CHURCH CEM	E Edgewat	er A	COUNTY I	laryl'and

DHMH-16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After

should be detached far use as with the State Dept of Health

MPORTANT

OR ATTENDING

HOSPITAL

by etoined

24 FUNERAL DIRECTOR
WILLETAM REESE & SONS MORTUARY, Anapolis, Md.

NOV 5 1982

THE PARTY OF THE P

-6	1-	FOR STATE REGISTRAR		STATE OF MARYLAND TOF HEALTH AND MENT MINER'S CERTIFICAT	TE OF DEATH	2 7 7 9 3 G. NO.
A S R R F F		CEASED NAME FIRST PE OR PRINT) Luth	MIDDLE .	HARRISO	2a. DATE KNOW OF ESTI-	N MONTH DAY YEAR 25. HOUR
TON STREET	1. SE)	FN	MONTH DAY YEAR LAS	E (IN YEARS IF UNDER 1 YR. IF U T BIRTHDAY) MONTHS DAYS HOU	DEAD	MONTH DAY YEAR 2d, HOUR 11 10 19 1 A M
35	MA	RYL AND	U.S.A. 11. NAME OF HOSPITAL, NURSING		VORCED ANNE	Azundel. Co. MD.
T Some Property	7/	en SuriE	(IF NOT IN SUCH FACILITY, GIVE STREET AD NORTH HELD N OTHER INSTITUTION, GIVE RESIDENCE BEFORE	del Haspita	FOR MOST OF WORKING LIFE	
AND 3 TAND 3 TAN	MA	RYLAND 13b. COUNTY	13c. CITY OF TO	TON 138. INSIDE CITY LIN	o□ 624 Waugh C	Chapel Road
AND		ATHER'S NAME FIRST HARRY VAS DECEASED EVER IN U.S. ARME	MIDDLE LAST CONWA ED FORCES? 16b. SOCIAL SE	Y MART	MAIDEN NAME MIDDLE	CALLOWAY
OURS AFTER DEATH 18. GIVEN PAGES 1, WITH FORM PM MIT. PAGES 1 AND A.E. DIVISION OF WITH	NO	ES, NO, OR UNKNOWN) (IF YES, GIVE W		5122 PETER H		Odenton, Md.
ULD BE EXECUTED WITHIN 24 HOUR "PENDING" IN PENCIL IN ITEM 18. "F. MEDICAL EXAMINER ALONG W ED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DI AL, CREMATION, OR REMOVAL. "	NO	Conditions, it any, which gave rise to immediate cause (a) stating the underlying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CO	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSE	ENCE OF	N IN FART 1 (a).	
VE, WRITING THE WORD "PER PRAMADED TO THE CHIEF M RE PAGE 3 SHOULD BE USED A ESTATE DEPARTMENT OF HEAD, 21201 PRIOR TO BURIAL, CL	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	?	2D AUTOPSY? YES □ NO★
ARTMENT OR TO BU		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH DAY EATH P.M.	YEAR	CURRED (ENTER NATURE OF INJURY IN IT	
ATE DEPA	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT H STREET, FACTORY, FARM, ETC.)	OME, 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TAGE 4 SHOULD BE FORWARD TO FUNER LORECTOR: PAGE AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21;		220. I certify that I took charge death resulted from: ACTUAL SKINATURE EXAMINER'S NAME (TYPE OR PRINT)	of the remoins described obove, hel	Suicide , Hamicide TITLE (SPECI	MEDICAL EXAMINER	and in my opinion , DATE SKGNED 11-10-8
PAGE 4	23a.8	URIAL, CREMATION, REMOVAL 23b BURIAL 1	1-15-1982 Maced	OF CEMETERY OF CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	_	UNERAL DIRECTOR	Annapolis, Mo	125a. (REGISTRAR'S SIGNATURE

1/4 2 2 2 2 2 2 4 Lower James Co. , 1 9 11 11

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DHMH - 16 50M 1/B1 (VRA 15, 4)

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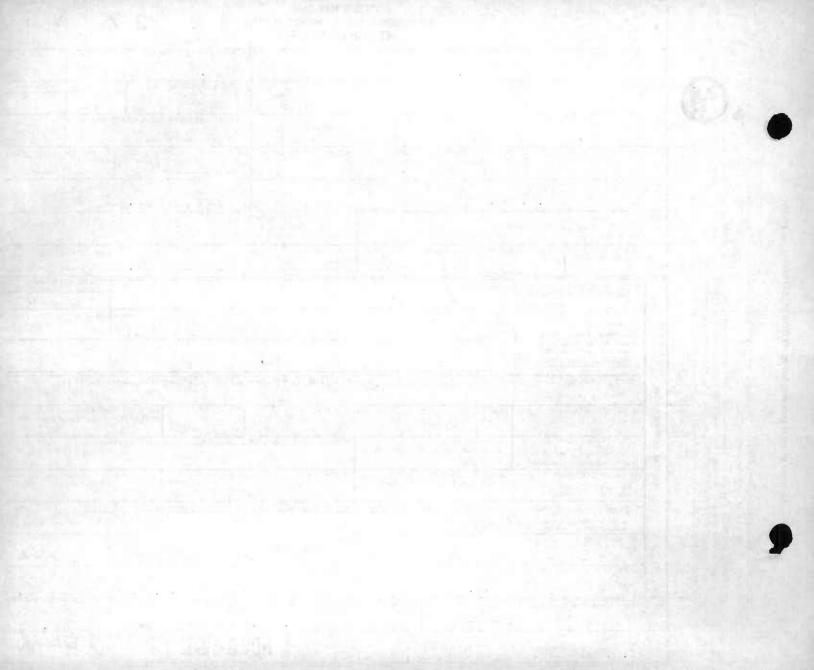
FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8	2	2	7	1	9	
REGISTRAR	CERTIFICATE OF DEATH		REG. NO.					

	1. DE	CEASED NAME	FIRST	٨	AIDDLE		LAST	REG.		DAY YEAR	2b HOUR
443	(TYPE	E OR PRINT)	aurenc	e Ed	lward	HO	lden	Novembe		1982	2.27
	3. SE.		- CII	4 RACE	THUL C	5. DATE O		6 AGE (IN YEARS LAST		IF UNDER TYEAR	IF UNDER 24
)	,	Male		White	ME LIN	MONT	H DAY YEAR	1.07		MONTHS DAYS	HOURS /
		IRTHPLACE (STATE OF	R FOREIGN		WHAT COUNTRY?	Sept		9. BALTIMORE CITY	OR COUN		
524		aryland		U.S.A.			NEVER MARRIED				
But.		ITY OR TOWN OF DE	EATH		OSPITAL NURSIN	WIDOWE	DR OTHER INSTITUTION	Anne Aru			OF BUSINESS
54				(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOS		LIFE) INDUSTRY	
9 4		Len Burnie			rundel H		al	S.G.M.		U.S.	Army
527	13a S	STATE	13b COUN	VTY	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e. STREET ADDRES			
e -	-	ryland ATHER'S NAME	Anne	Arundel	Glen Bu	rnie	YES NO	7953 Elv	aton .	Road	
1 7 A	19 FA	FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LA	ST
£20		Henry		-	Holden		Anna	C.		Reage	n
medico		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADD	RESS		
a a		Yes			216-32-5	306	Friederike H	olden (Wif	e) Sa	me as #	13.
ŧ		18. CAUSE OF DEA	TH Enter or	nly one couse per	line for (a), (b), one	d (C)				APPRO	ONSET AND DE
ry, or other tro		Conditions, if on gove rise to im couse ioi, stot underlying cause	nmediote ing the se lost.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	NINAL DISEASE OR CO	NDITION (GIVEN IN PART 1	0
ony injury, or other tro	CATION	gove rise to in couse (o), stat underlying caus	nmediote ing the se lost.	(c)CONDITIONS <u>CC</u>	INTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CO	20b. IF Y	ES, WERE FIND	NGS USED
nows ony injury, or other tro	TIFICATION	gove rise to imcouse (o), stotunderlying cause	nmediote ing the se lost.	(c)CONDITIONS <u>CC</u>	INTRIBUTING TO D	DEATH BUT			20b. IF Y	-	NGS USED
18 shows ony injury, or other tro	CERTIFICATION	gove rise to in couse (o), stot underlying caus PART 2 OTHER SIG	mmediate ing the se last. GNIFICANT (ATION	(c)	DITRIBUTING TO D	DEATH BUT		200 AUTOPSY? YES NO	20b. IF Y	'ES, WERE FIND! TIFYING CAUSE! YES []	NGS USED S OF DEATH?
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d or them 18 shows ony injury, or other tro		gove rise to in couse 101, stot underlying caus PART 2 OTHER SIG 190 DATE OF OPER 210. ACCIDENT WAS UP OR CONTRIBUTING [(IF EITHER NOTIFY MED 21d INJURY OCCUR	ATION DERIVING CAUSE OF DEA	CONDITIONS CO	TION FOR WHICH FINJURY M. MONTH DA A. JE INJURY	OPERATIO AY YEAR 19	n was Performed	200 AUTOPSY? YES NO	20b. IF Y IN CER	'ES, WERE FIND! TIFYING CAUSE! YES []	NGS USED S OF DEATH?
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Hem 21 is morked or Hem	WEDICAL MEDICAL	gove rise to in couse 101, stot underlying caus PART 2 OTHER SIG 190 DATE OF OPER/ 210, ACCIDENT WAS UP OR CONTRIBUTING [{IF ETIMER NOTIFY MED 210, INJURY OCCUP AT WORK NOT WE 220, I certify that 220, SIGNATURE 21d, PHYSICIAN'S N	ATION AT	CONDITIONS CO	TION FOR WHICH FINJURY M. MONTH DA A. OF INJURY SET, FACTORY, OFFICE F. deceosed from 19 ofter death	OPERATIO AY YEAR 19 ARM ETC.)	21c. HOW INJURY OCCUR 21l. LOCATION STREET 19 nd that in my copinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN CITY OR Death occurred on the DIRECTOR PHYS) Dr. #104 23d LOCATION CITY OR TOWN	20b. IF Y IN CER IURY IN ITEM 1 OWN dote and h AFF ICIAN	COUNTY 19 22c. DATE	NGS USED S OF DEATH? NO thought the course stote SIGNED 17/82 Md. 23

Lemman Maintel Holden Moranice St. 1502 1502 Mala Mala Sept. B. 1919 Sept. women interest com A. I. The Spell Olean Daniel Mount Sound Hough and Landing Sound Sound as Inc. 1840. Memory I - Daliton Apple Co. Supplement The state of the s attalegrand attaccure or uph sufficient 11/15 84 154 Set Avote Mose Look, M.D. 1978 Jungirel Dr. 920 Clon Furnic, Mi. 120.4 No. 12/10/2016 The December of the No. 100 Co. 100 September 100 Septemb

Minaging Paragraph Hone Street also, Very and

STATE OF MARYLAND



					MIDDLE				2a. DATE OF DEATH		DAY	YEAR	2b. HOU	
-	LIVE	OR PRINT)	DUN	CAN	Cameron	Но	orne, J	Tr.	NOVEMBER	21,	1982		2:00	
强)	3. SE.	x		4 RACE		5. DATE OF			6. AGE (IN YEARS LAST	BIRTHDAY)	IF UN	DER I YEAR	IF UNDER	
9		Male		W	hite	MONTH 11	3	27	55	YE	RS.	HS DAYS	HOURS	MI
20	-7a. Bi	RTHPLACE (STATE OR	FOREIGN	b. CITIZEN O	F WHAT COUNTRY	8.	NEVER A	MARRIED T	9. BALTIMORE CITY	OR COU	NTY OF	DEATH		
15		aryland		U.S	S.A.	WIDOWED		VORCED [ANNE AL	RUNDE	L CO	UNTY		
54	10. C	GLEN BURN		(IF NOT IN 5	F HOSPITAL, NURSI SUCH FACILITY, GIVE STREE RTH ARUNDE	T ADDRESS)		TITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS Maint. M	T OF WORKIN	NG LIFE) IN	26. KIND O NDUSTRY Lion		
34	13a S	AL RESIDENCE (F NUR STATE aryland	13b. COUN'	TY	134. CITY OR TOV Glen But	re admission) VN rnie	13d. INSIDE C	ITY LIMITS?	130. STREET ADDRESS	ar Cl	liff	Dr.	210	51
20	14. FA	Duncan		AIDDLE	Hori	ne, Sr		s MAIDEN NA/ PRST Ary	ME			Zel	i	
1		VAS DECEASED EVER		MED FORCES	? 166 SOCIAL SEC	URITY NO.	17. INFORMA	INT	ADD	RESS				
1		NO	(11 120,0112	. WAN ON DATES,	214-22	1931	Dunca	an C. H	orne, III 1	9 Bro	okbu	ary D	r. 2	11
		Canditians, if any		DUE TO,	OR AS A CONSEQU	JENCE OF	0	er ge	(/					
	ATION	gove rise to im cause (a), state underlying caus	nmediate ing the le lost.	DUE TO, (c) ONDITIONS	OR AS A CONSEQU	DEATH BUT N			INAL DISEASE OR CO	20b. IF	YES, WE	RE FINDIN	VGS USE	
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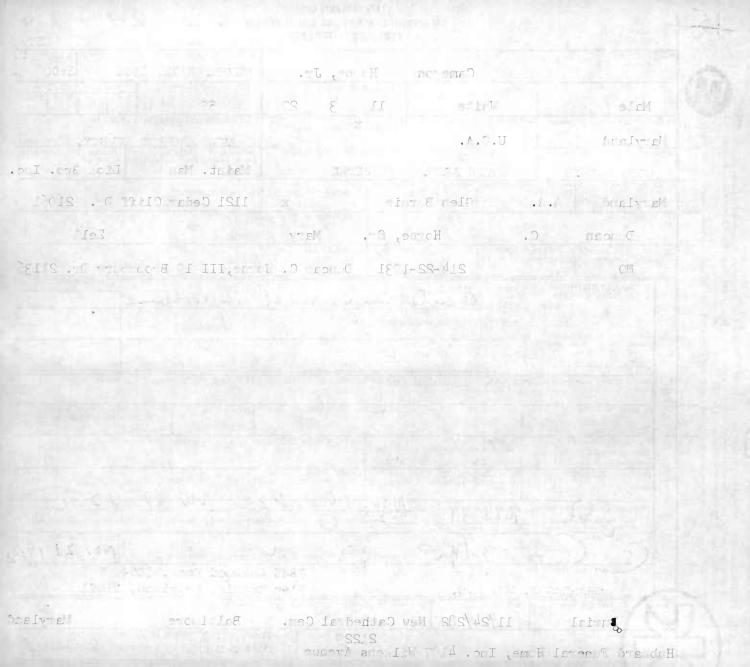
Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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STATE OF MARYLAND

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The Difference of the property of the proper	9	3. SE							MONTH		
18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 179 OF WORK FOR MOST OF WORKING LEFT. 170 NOT THE PROTESSING FACILITY AND THE PROTESSING FACILITY AND THE PROTESSING FACILITY FOR WORK FOR MOST OF WO	25		COUNTRY)	IGN 76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED		COUNTY OF D		MD
USUAL RESIDENCE (# NURSNA HOME OR OTHER HISTITUTION ON HE SUBSICIENT BEFORE ADVISSION) 136. STATE Md. 137. COUNTY INCREMENT ADVISORY INCREMENT ADVISORY INCREMENT ADVISORY INCREMENT ADDRESS 7355 FURANCE Branch Rd. 137. MOTHER'S MADDEN NAME PREST 138. COUNTY INCREMENT ADDRESS 139. COUNTY INCREMENT ADDRESS INDUE (AST INFORMANT ADDRESS Brenda Watson 7355 Furance Branch Rd. INFORMANT INF	54	10. 0	ITY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATIO	ON 12	b. KIND OF	
18 CAUSE OF DEATH Enter only one couse per lage for (a), (b), and (c)	ed season	13a.	STATE 136	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 7355 Furance	ce Branc	h Rd.	
Conditions, if ony, which gover rise to immediate couse (b). storing the underlying couse lost.	0220	₹4. F		WIDDIE	tast			MIDDLE		LAST	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



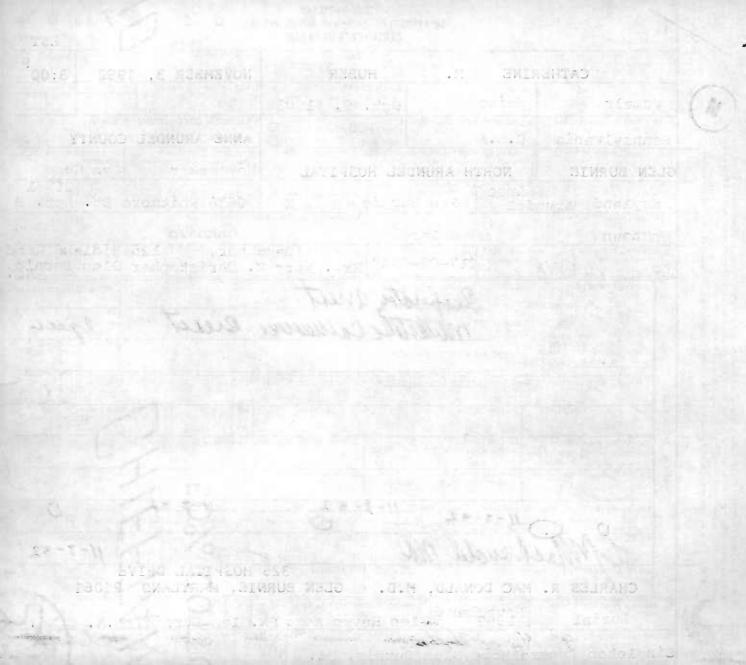
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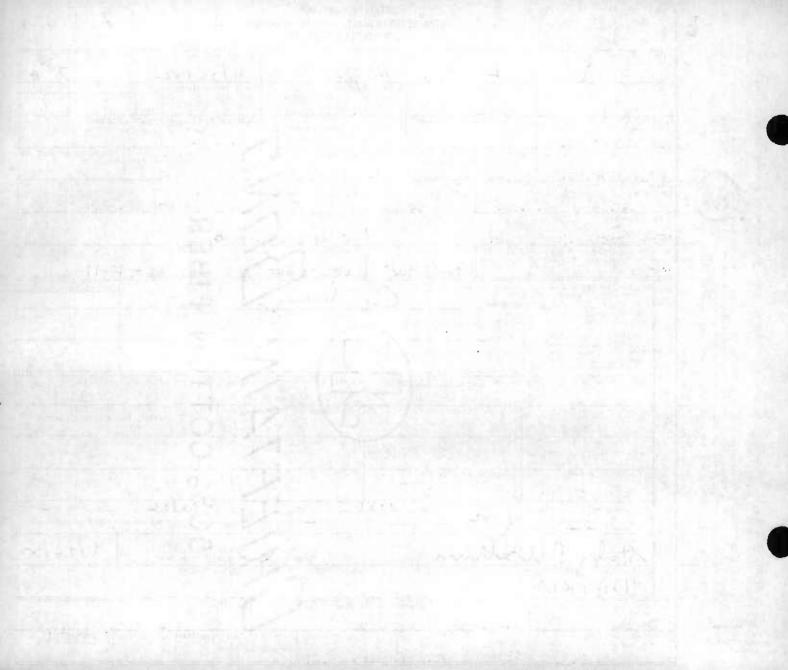
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	3. SE		4. RACE		5. DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LA	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	PITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may big the haspital or attending physician.	ERAL DIRECTOR: After this certificate has been signed by the attending physician and complete meant by the funeral director, page e detached for use as the buriol-transit permit. Then please remove carbonappers. Pages 1 and 2 that are within 72 hours ofter dead State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR CEASED NAME 20 DATE KNOWNXIX OF ESTIDEATH MATED 11-20-82 B. **JACKSON** ROBERT 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE 64 240VA 53 YRS. RONOUNCED White Male DEAD b. CITIZEN OF WHAT COUNTRY? M' BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maruland WIDOWED DIVORCED Anne Arundel County II. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 3. RETAIN PA ook Glen Burnie Arundel Hospital 136. COUNTY (0. 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Ly (ross Rd. Balto. Md. Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Robert Mabel 7. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS yes, no, or linknown) Mr. William L. Jackson, 829 Light St. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY OR REMOVAL. MMEDIATE CAUSE (0) Blunt trauma to abdomen DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Chronic alcoholism 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF HI PRIOR TO BURIAL, YES KIK NO 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR subject fell down basement steps CONTRIBUTING CAUSE OF DEATH 711 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 32 AFTER DEATH, WITH THE STATE DEE BAILTIMORE, MARYLAND, 2, 201 PF AT WORK NOT WHILE 204 Holy Cross Rd. Baltimore, ouMaryland home XX 220. I certify that I took charge of the remains described above, held an Autapsy and in my opinian death resulted frage: Notural couses Suicide Homicide ___ Undetermined monner DATE 11-20-82 Assistant EXAMINER'S NAME 111 Penn Street Dennis F. (TYPE OR PRINT) Nov. 26, 1982 Md. Vet. rownsville rounsville BP Funeral Home, 130 . Fort Ave. Balto. Md. (VR A15 ME (5) 20M 4/82

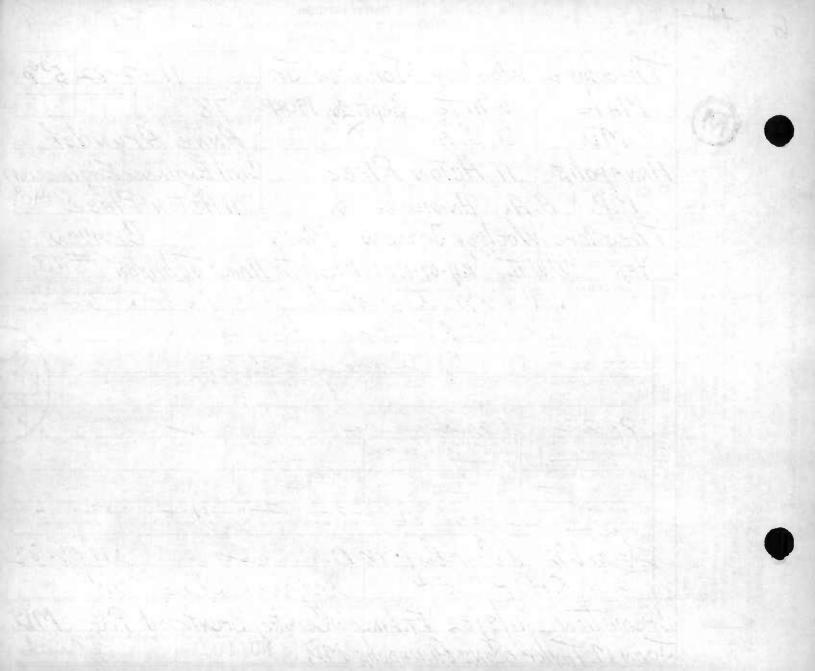
STATE OF MARYLAND

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	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALT	MARYLAND H AND MENTAL HYO TE OF DEATH	GIENE 8 2	2	7 8	0 4 EST
,t		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH		Y YEAR	26. HOUR D
	(TYP	ROBI	ERT Everett	JACOB,	SR.	NOVEMBER	18.	1982	2:15
	3. SE	X	4. RACE	5. DATE OF BIR	тн	6. AGE (IN YEARS LAST BIRT	HDAY) II	F UNDER 1 YEAR	IF UNDER 24 HRS
A		Male	White	Oct.	1, 1920	62	YRS.	JAT'S	MIN.
\$35	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O ANNE ARU			Y MD
Political A		LEN BURNIE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUN]	ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Carpente	WORKING LIFE)	INDUSTRY	F BUSINESS OR
Sest pe	130.	STATE 136. CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR UNITY 13c. CITY OR TOW	E ADMISSION) /N 13d. I	NSIDE CITY LIMITS?	130. STREET ADDRESS 4	20794/	C55	W. Till.
Je De		ATHER'S NAME FIRST Robert	MIDDLE LAST	15. A	OTHER'S MAIDEN NA	WIDDIE	MOD.	LAS	iπ
medicole		WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECTOR WAR OR DATES 213-05	JRITY NO. 17. II		ame as #IRS ela N. Jac			ost
other traumatic event, the		PART I. DEATH WAS CAU	only one couse per line for (a), (b), or SED BY: IATE CAUSE (a) DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU	ence of Cell	uny Ca			1d	MATE INTERVAL ONSET AND DEATH
shows any injury, ar	CERTIFICATION	PART 2. OTHER SIGNIFICAN	T CONDITIONS <u>CONTRIBUTING TO</u>			200 AUTOPSY?	206. IF YES,	WERE FINDIN	NGS USED
or Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIL 21d. INJURY OCCURRED	DEATH HOUR A.M. MONTH D P.M. 210. PLACE OF INJURY	AY YEAR 19 21f.	HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR		COUNTY	STATE
l is morked	×	WHILE NOT WHILE AT WORK 22a. I certify that (I) (this has saw the deceased alive	spital) attended the deceased from	Nuv	10 19 3		15 , 11		that (1) (we) las
II. If Item ?		abave, (I) (we) (did) (did	not) view the body after death.	DEGR	EE ATTENDING	MEDICAL STAF	F	22c. DATE	
with the State		PHILIP H.	KONITS, M.D.	22e.	BALTIMOR				
3		BURIAL, CREMATION, REMOV (SPECIFY) Burial	22 Nov. 82 M	eadowri	ery or crematory dge Mem	23d LOCATION CITY OR TOWN PK Elkrid	ge. F	COUNTY	STATE
M 4/B2	24. F	UNERAL DIRECTOR NAME Singleton	101/1000 Con CORESS	Glen I	age Mem Burnie	0V 2 3 1982	251. REPISTR	AR'S SIGNAT	Cahre

November 18. 1987 1:11	.86	JACOB	idat.	THINKS	
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WHE ARDIDED COUNTY					
and a section			5 1. A.A.B.		
	\$3.00 d() (48)				
of a Marketonia Mark	2014 . S.P.	TREE-	alt is again		
BULL BURNEY					
THE PERSON WHAT AND AN	SELECTION			IKW IN	<u> </u>

1-	10	1	FOR	STATE OF MARYLAND 8 9 9 7 8 0 5
6		1.	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.
тау be	poge 3	1. DE (*****)	PROPERTY PRO	RACE SOATE OF HIRTH SQ. DATE OF DEATH MONTH DAY YEAR 26 HOUR 2-82 5 0M IF UNDER 24 HIS MONTHS DAY HOURS 1 MIN.
age 4	(AN)	7- 0	RTHPLACE (STATE OF FOREIGN)	White Sept. 26, 1904 78 YRS.
deoth. R	L.	70. 0	MD.	b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED MD.
201	by the filled with	1	NNAPOLIS	1. NAME OF HOSPITAL, MURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH PAPELLY ADDRESS) 12. USUAL OCCUPATION (IF POT IN SUCH PAPELLY ADDRESS) 12. USUAL OCCUPATION (IF POT IN SUCH PAPELLY ADDRESS) 12. USUAL OCCUPATION (IF POT IN SUCH PAPELLY ADDRESS) 12. USUAL OCCUPATION (IF POT IN SUCH PAPELLY ADDRESS) 12. USUAL OCCUPATION (IF POT IN SUCH PAPELLY ADDRESS) 12. USUAL OCCUPATION (IF POT IN SUCH PAPELLY ADDRESS) 12. USUAL OCCUPATION (IF POT IN SUCH PAPELLY ADDRESS) 12. USUAL OCCUPATION (IF POT IN SUCH PAPELLY ADDRESS)
AND 21	filled in thauld be	130	AL RESIDENCE (IF NURSING HOME OR COTATE 13b. COM	A. HNNApolis VEX NO 11HCTON Place 21401
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours	ampletel 1 and 2 s	7	neodore V	15. MOTHER'S MAIDEN NAME MIDDLE OOLSEL JOHNSON NED FORCES? MADDRESS. ADDRESS.
TIMORE be execu	on and c	160. \	VAS DECEASED EVER IN U.S. ARA (ES NO OR UNKNOWN) INFYEY GIVE	The V64-07-1050 Melita Ames Johnson # 13
: =	g physici conpaper remavol. event, th		PART I. DEATH WAS CAUSED	one cause per line for (a), (b), and (c).) BY: CAUSE (o) Melus tatte Carcinoma S many
W. PRESTON ST of the death certi	ottendin ove carb otion, or a		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF (b) Advivorume, more
W. PR	d by the eose rem ol, cremo		gove rise to immediate couse (a), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF (c) Primary reto
RDS, 201	n signed Then pli ta buria injury, o	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)
DIVISION OF VITAL RECORDS,	te hos bee sit permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES
OF VI	ding physis certificate buriol-tron Mental Hy or Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19
IVISION IG PHYS	ottendir iter this is the bu h ond M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY STATE
TTENDIN	TOR: Alfar use of Healt		220. I certify that (I) (this haspite sow the deceased alive an above, (I) (we) (did) (did not	10 -29 - , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated
Al OR A	r the hos AL DIREC detached ate Dept. IT: If Item		Frank M	DEGREE ATTENDING MEDICAL STAFF 122. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 1/-3, 82
THOSPIT	TO FUNERAL should be detroined by the State with the State		THE HEYSICIAN'S NAME LIVE OF	IF 2 EX amanolis md
5	BP	230/	URIAL, CREMATION REMOVAL SPECIFY) PCMA 110 N	11/3/82 FT. LINCOIN CEMETERY DECEMBER DECATION PORT OF
	H- 16 30M 2/80	24 F	INERAL DIRECTOR	250 DAYE REC'D. BY REGISTRAR'S SIGNATURE NOV 1 0 1082



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marked or Item 18 shows any injury, ar other traumatic

IMPORTANT: If Item 21 is

	1 -	FOR STATE REGISTRAR		DEPA	ARTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2 E	0 6		
	1. DECE	ASED NAME	FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR	
			ALICE	Virgin		7 444	NOVEMBER 6	1982		
	3. SEX	Female	4.	White_	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.	
5	7a. BIRT	HPLACE (STATE C	DR FOREIGN 76.	U.S.A.	RY? 8. MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE CITY <u>OR</u> COUN ANNE ARUNDEL (COUNTY	MD.	
1	GLI	200101212			L HOSPIT		120. USUAL OCCUPATION (11/PE OF WORK FOR MOST OF WORKING		OF BUSINESS OR	
5	13e. ST.	Alfid.	134 COUNTY			13d. INSIDE CITY LIMITS? YES NOXOX	1.122	olis Rd.	21061	
d	I4. FATI	Franci	MID	Lanki.	ns	15. MOTHER'S MAIDEN NAM	MIDDLE	Re	is	
	YES	AS DECEASED EVE	R IN U.S. ARME	ISSTAC SO SAN	-7643 A	Edward L. Joy	yce,600 Fernhil	27226 L Rd. Ba	ltimore	
	1	8. CAUSE OF DEA PART I. DEATH	WAS CAUSED E		n, and (c).)	aveit		1 -	MATE INTERVAL ONSET AND DEATH	
		Canditions, if or	ny, which	DUE TO, OR AS A CONSE	EQUENCE OF	Frain dar	nagl	2	days	
		gave rise to it couse (a), sta underlying cou	ting the	DUE TO, OR AS A CONSE	EQUENCE OF	ulan Fibril	laker	20	days	
		PART 2. OTHER SI	GNIFICANT CO		TO DEATH BUT	hor related to the term	inal disease or condition of	J Cond	ison wha	
2	CERTIFICATION	90. DATE OF OPER	RATION	198. CONDITION FOR WH	HICH OPERATION	N WAS PERFORMED		YES, WERE FIND II TIFYING CAUSES YES		
1	1 - 1	OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART OR PART 2)			
4	EDICAL	H. INJURY OCCU		21e PLACE OF INJURY		211. LOCATION	CITY OR TOWN	COUNTY	STATE	

DEGREE

226. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

above (1) we (did) (did not view the body ofter death

A. SCHWARTZ, M.D.

Mountain &Tick Neck

23¢, NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

ATTENDING PHYSICIAN DIRECTOR STAFF PHYSICIAN

and that in (my) (aur) opinian death occurred on the date and hour and from the causes stated

200 21061 COUNTY

DHMH - 16 50M 4/82 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BURIAL 24. FUNERAL DIRECTOR

226. SIGNATUR

WHILE

23b. DATE

ottended the deceased from

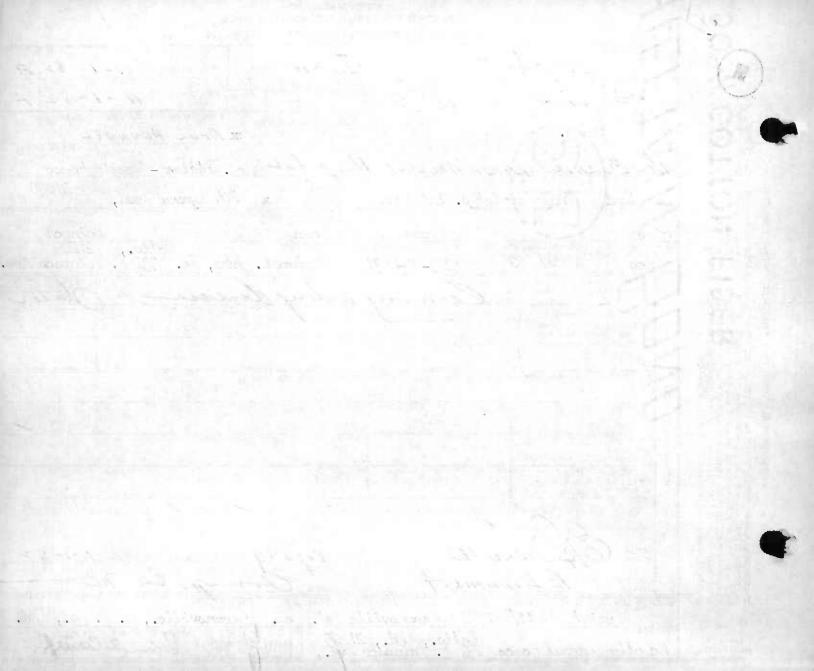
Pasadena,

Brooklyn 250. DATE REC'D. BY RECHSTR'AR

27 DATESIGNS

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	478		S/2//23/2		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 3. SEX 4. RACE A AGE IN YEARS IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 23 WITHIN 72 DEAD 16. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED enna. DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH FYACE 3 SHOULD BE USED AS A BUSINER ALONG WITH FORM PM. 3. RETAIN PAGE. STATE DEPARTMENT OF HEALTH AND MENT PERMIT. PAGES I AND 2 SHOULD BE USED IN THEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201V, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (TYPE OF WORK 126 KIND OF BUSINESS et. Plater OR INDUSTRY West nahouse 13e STREET ADDRESS 21090 13d. INSIDE CITY LIMITS? Anne Arunde NO X unvue Road anulano 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Boinuch like uba Anna 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) Patapsco Ave es CAUSE OF DEATH (Enter only one couse per line (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUEN Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [EXECUTE THE CERTIFICATE, WRITING THE WON PAGE 4 SHOULD BE FORWARDED TO THE C TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING ING. MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK H, WITH THE S 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Homicide Undetermined monner AFTER DEATH, N ACTUAL DATE 11-1-82 MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN Vet. ROUNSVILL BP_ 24 FUNERAL DIRECTOR 25g, DATE REC'D **DHMH - 17** (VR A15 ME (5) Patapsco 15M 2/80



n signed by the ottending physicion and campletely filled in by the Then please remove corbon papers. Pages 1 and 2 should be filed w

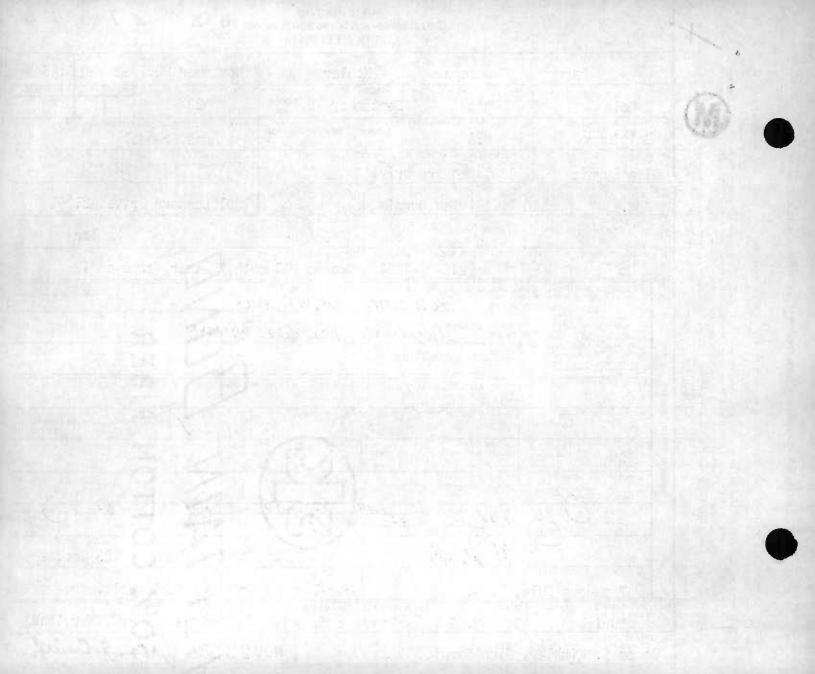
should be detached far use as the buriol-transit permit. Then please remove c with the State Dept. of Health and Mental Hygiene priar to burial, cremation, marked or item 18 sho

STATE OF MARYL	AND
DEPARTMENT OF HEALTH AND	MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.			
I. DECEASED NAME	FIRST	MIDDLE		ASI	20 DATE OF DEATH		DAY YEAR	2b. HOUR	
Bar	ry Jo	seph	K	Cahler Cahler	November		32	9:45 p	
3 SEX	4 RACE	- 42	S. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
Male	Whi	te	Septe	mber^19,1959	23	YRS.	DATS	Marks Marks	
OUNTRY		WHAT COUNTRY	8.	D NEVER MARRIED &	9 BALTIMORE CITY		OF DEATH		
Baltimore	US		WIDOWE	D DIVORCED	Anne A	Arunde	1	ME	
Glen Burnie		HOSPITAL, NURSI CHEACILITY, GIVE STREE Leonard	T ADDRESS]	DR OTHER INSTITUTION	12a. USUAL OCCUPAT	OCCUPATION IX FOR MOST OF WORKING LIFE) INDUSTRY			
USUAL RESIDENCE (IF MURSIMO 130 STATE Md.	HOME OR OTHER INSTITUTION COUNTY AA	GIVE RESIDENCE BEFOR	VN .	13d. INSIDE CITY LIMITS? YES NO 🗴	ard Dr	Drive, 21061			
4 FATHER'S NAME FIRST	WIDDLE	LAST		Joanne	AME MIDDLE		Kahlei	ř	
60 WAS DECEASED EVER IN		16h. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	ESS			
(YES, NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)	215-90-	1391	Joanne Wilm	outh, Mothe	r, same	e as 13	3	
18 CAUSE OF DEATH	Enter anly ane cause pe	line far (a) jb), oi	nd (c)				APPROX	CIMATE INTERVAL	
PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (a)	KESPI	RATORY	INSUFFICIE	ENCY				
3591		D AS TONISEOL	IENICE OF	1		-			
Canditions, if any, v	Canditions, if any, which () UCHENNE'S MUSCULAR DYSTROPLY								
gave rise to immed	diate	Das a constant	ENICE OF						
	lost lost	R AS A CONSEOU	ENCE OF				THE STATE		
PART 2. OTHER SIGNIE	ICANT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	EVEN IN PART 1(a)		
					THE DISCENSE ON CO.				
190 DATE OF OPERATIO	N 196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED S OF DEATH?	
210. ACCIDENT WAS UNDER				21c HOW INJURY OCCUP					
On COLUMNIA CIT	SE OF BEATH	M. MONTH D							
(IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED		M. OF INJURY	19	21f LOCATION					
WHILE I NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TO	NWC	COUNTY	STATE	
AT WORK AT WORK	nis hospital) attended th		100	A 20 80	alor		P2		
saw the decreased above, (I) (we) (did	NOV TO MOV	hiter death.	DP2	nd that in (my) aur) apinion	death accurred on the d	ote and haur	ond from the	that (I) (We) las causes stated	
22b. SIGNATURE		1. 5		DEGREE				E SIGNED	
	11/1	(la 1101)		ATTENDING PHYSICIAN	MEDICAL STA		23 N	lov.82	
22d. PHYSICIAN'S NAM	E (TYPE OR PRIMIT)			22e ADDRESS	A	(واللور			
Thaddeus	Pula, M. [).		Maryland Ge	neral Hospi	tal, B	altimo	re	
30 BURIAL, CREMATION, RE	MOVAL 23b. DATE	23¢		EMETERY OR CREMATORY	23d LOCATION	***			
Burial	24 Nov	7.82 Me	adowr	idge Memorial	Elkridge	, Howa	rd, Ma	ryland	
24 FUNERAL DIRECTOR	SELVE MALE	ADDRESS			TE REC'D. BY REGISTRAR		RAR'S SIGNA		
James S. Kir	kley, Glen	Burnie,	Md.	NC	V 2 3 1982	John	~ Oh 14	rancy	

DHMH - 16 50M 1/81 (VRA 15, 4)

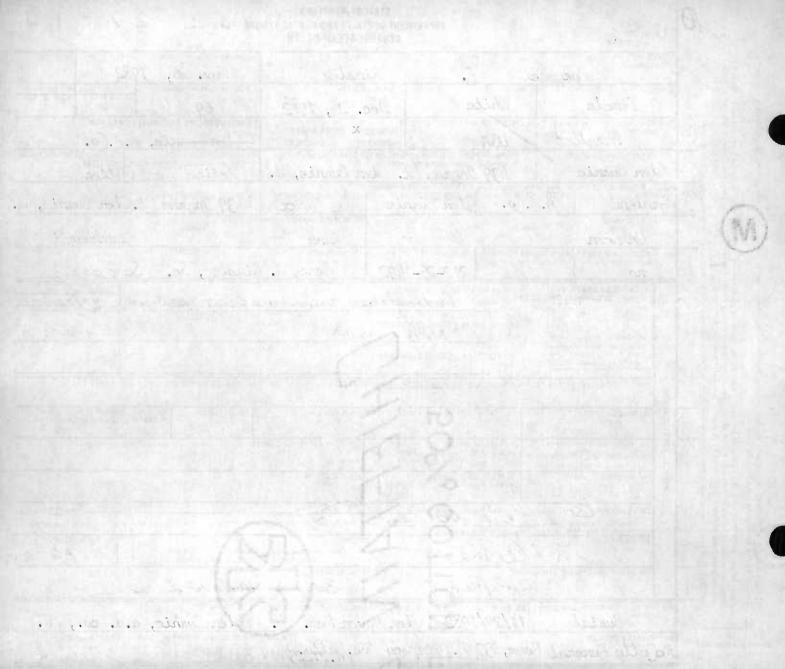
BP.



	1.	STATE REGISTRAR				CERTIF	CATE OF DEATH		REG	NO.			EST
		CEASED NAME	FIRST		MIDDLE	ı	AST	20	DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
	(ITP)		ARY	AV	TELIA	KA	PLAN		NOVEMBER	14,	1982		11:15A
2	3. SE			4. RACE		5. DATE C			AGE (IN YEARS LAST	BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS
A)		Female		White	2	Sep	t. 15, 1892		90	Υ	RS.	J DAIS	MOOKS MIN.
361		RTHPLACE (STATE O	RFOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8.	NEVER MARRIED	p 🗆 🦻	BALTIMORE CIT	OR COL	INTY OF I	HTASC	
\$5		Maryland		U.S	S.A.	WIDOWE			ANNE ARU	NDEL	COUN	TY	MD.
3/1	10. C	TY OF TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NU	RSING HOME C	R OTHER INSTITUTION		IN USUAL OCCUP			2b. KIND O	OF BUSINESS OR
D4		EN BURNIE		NORTH	ARUNDE	L HOSPIT	AL		Machine	_			Box Comp
100	USU. 13a. !	AL RESIDENCE (FNU	13b. COUN	OTHER INSTITUTION	GIVE RESIDENCE B		13d. INSIDE CITY LIMI	ITS? 13	e. STREET ADDRES	S			
00		MD.	I A	.A.	Glen	Burnie	YES NO		20 Bir	ch A	ve. 2	21061	
E -7	14 FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDE FIRST	EN NAME	MIDDL			LAS	ST .
EAC.		George			Higdo		Lydia				Cre	eight	on
dico		VAS DECEASED EVE		MED FORCES?	16b. SOCIAL S	SECURITY NO.	17 INFORMANT		AD	DRESS			
media.		no			215-05	-6261	Beatrice	e M.	Stevens	sam	e as	13	
		18 CAUSE OF DEA	TH (Enter on	ly one couse per	r line for (a), (b	1, and (c).)		,				BETWEEN	MATE INTERVAL ONSET AND DEATH
0		PART I. DEATH		E CAUSE (a)		C.	near lay	104	Lail	ne			
oumatic ever		414	0		R AS A CONSE	OHENCE OF			/				
		Conditions, if an	v. which	100000	K AS A CONSE	QUENCEOF	CHF	2					
2		gove rise to in	nmediate) (6)_									
othe		couse (a), stat underlying caus		DUE TO, O	R AS A CONSE	OUENCE OF	ACHO						
5		PART 2 OTHER SIC	NIEIC ANT C	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	E TEDAAINI	AL DISEASE OF CO	NDITION	L GIVEN IN	J PART 10	7.1
nlory	NO	TAKT 2. OTTEK SIC	A CANTO	201101110110	OIVIKIDOTIIVO	TO DEATH DOT	NOT KEENTED TO THE	LILMMU	AL DISEASE ON C	214011101	OlvElvIII	Y PANT III	
an C	CERTIFICATION	19a. DATE OF OPER	ATION	19b. COND	ITION FOR WE	ICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?				NGS USED
- The State of the Land of the	E			100				-	YES NO	INC	YES [OF DEATH?
18 shows	# H	21a. ACCIDENT WAS U	NDERLYING				21c. HOW INJURY OF	CCURRED		UJURY IN ITE	M 18 PART I	OR PART 2)	
Hea 7		OR CONTRIBUTING		NIH.	M. MONTH	DAY YEAR							
	MEDICAL	21d. INJURY OCCU			OF INJURY	17	211. LOCATION						
	M	WHILE NOT V	WHILE [(AT HOME, ST	REET, FACTORY, OF	FICE, FARM, ETC.)	STREET		CITY O	TOWN		COUNTY	STATE
į.	1.54	220.1 certify that (URK	tal) attended th	a decented for	- / ·	5 - 19.7	7 5	. to	14.	10.	8 2	that (I) (we) last
5	- 1						d that in (my) (our) op		,				
4		above, (1) (we) 22b. SIGNATURE	(did) (did no	t) view the body	after death.	2-9-1	DEGREE					22c. DATE	
		228. SIGINATURE			/		ATTENDI	ING I	MEDICAL S	TAFF	-7	ZZC. DATE	SIGNED
ž ——	9				X	un.	PHYSICI	IAN	DIRECTOR PHY	SICIAN]]		
¥		22d. PHYSICIAN'S	IAME (TYPE'C	TR PRINT)			22e. ADDRESS						
MPORTANII.		SACIT E	REN M.	D.			529 S.	CAMP	MEADE I	CAOS	LINT	HICUM	, MARYLA
	23a f	SURIAL, CREMATION	, REMOVAL				EMETERY OR CREMAT		23d. LOCATION		7.00	LANTO	CTATE
		Burial		17 No	v. 82	Meadow	ridge Mem.	Pk.	Dorse		oward	1 Ma	ryland
/B2	-	UNERAL DIRECTOR			= -/4.		25	So. DATER	EC'D. BY REGISTR	AR 25b. R		SSIGNAT	URE
54		James S	Kirk	lev F H	Glen	Burnie	MD.	NU	V 15198	2	12 Cu	22	Commend
		Julie J		1 - 1 - 11	. 01011	2011110	,						

		William Tolling		
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	American Company	de rette lette de		THE PERMIT
1 8 9 9				
		THE PLANTAGE		
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buryes the				

. 10	1	FOR STATE REGISTRAR		DEPARTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	27	8 1 0
oy be age 3 death		CEASED NAME FIRST			insley		MONTH DAY Y	ZEAR Zb. HOUR
oge 4 mo rector, pours after of	3. SE	Female	4. RACE White		26, 1912	6. AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIT
death. P.		COUNTRY) Manyland	USA	MARRIE		9. BALTIMORE CITY O	rie, A.A.(O. A
by the filed with	9	Len Burnie	439 In		en Burnie, Md.	120 USUAL OCCUPATION OF THE RELIEF	EWORKING HEEL INDIA	
4 hou	a	()	A.A.CO.	er Durne	13d. INSIDE CITY LIMITS? YES NOXXX	130. STREET ADDRESS 439 Ingre	m (t.Glen	Burrie, M
(M) 0.20		Unknown	WIDDLE	LAST	15. MOTHER'S MAIDEN NAM	WIDDLE		khandt
on on S. Pop		WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	SOCIAL SECURITY NO. 12-26-1492	Henry H.	Kinsley, Sn	. Same	as #13
requires that the death ce en signed by the attending Then please remove corb or to buriol, cremation, or r injury, or other troumatic	NOI		DUE TO, OR AS (c) NT CONDITIONS CONTR		NOT RELATED TO THE TERM			
The low recion. sit permit. giene prior hows ony i	CERTIFICATION	19a. DATE OF OPERATION		FOR WHICH OPERATIO		200 AUTOPSY? YES NO	YES 🗌	AUSES OF DEATH?
OR ATTENDING PHYSICIAN: - hospital or attending physicial politication of the properties of the principle of the properties of the propert	MEDICAL CE	216. ACCIDENT WAS UNDERLYIM OR CONTRIBUTING CAUSE O (IF EITHER NOTHEY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270. I certify the AT whish sow the deceased olivobove, (1) (we) (did) (di 22b. SIGNATURE	OF DEATH OF DEATH P.M. 21e. PLACE OF IN (AT HOME, STREET, FA	MONTH DAY YEAR 19 JURY CTORY, OFFICE, FARM, ETC.) eosed from deoth. 19 deoth, or	216. HOW INJURY OCCURS 216. LOCATION STREET 217. LOCATION STREET 218. 19 219	CITY OR TO	wn coun , 19_ ofe and hour and froi	nty state , tho(we) loam the couses stoted DATE SIGNED
TO HOSPITAL Cetoined by the TO FUNERAL D should be detected with the Stote D IMPORTANT: #		224 PHYSICIAN'S NAME (T	YPE OR PRINT! Lif. Ale	g Act	22e. ADDRESS	MEDICAL STATE		11/26/8
BP		BURIAL, CREMATION, REMO (SPECIFY) Burial		23c. NAME OF C	emetery or crematory ven Mem. Pk.	23d LOCATION GLEN BURY	rie, a.a.	co., Md.
DHMH - 16 50M 4/82 (VRA 15 4)		UNERAL DIRECTOR	Home, 237 8	. Patapsco A	ve Balton NO	E REC'D. BY REGISTRAR	256, REGISTRAR'S SIG	GNATURE



injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

	1-	STATE REGISTRAR		DEPARIN		ICATE OF DEAT	H		. NO.	, ,	EDT
1		CEASED NAME FIRST	1	AIDDLE	L	AST	-	20. DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR
1	3411)	ORPRINT) MARIA	N L	ee	KI	RWAN		NOVEMBE	R 22.	1982	6:00 M
1	3. SEX		4. RACE		5. DATE C	F BIRTH		6. AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
ı		Female	Wh	ite	Jar		909	73	YRS.	MONTHS DAYS	HOURS MIN.
J	To. BIF	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8			9. BALTIMORE CIT		OF DEATH	
A	9	Maryland	U.S	5.A.	MARRIE	D NEVER MARR		ANNE ARU			445
4		TY OR TOWN OF DEATH	I .			OR OTHER INSTITUT		12a USUAL OCCUP	ATION	126. KIND C	MD. OF BUSINESS OR
1	-	LEN BURNIE	NORTH	ARUNDEL	HOSPI	TAL		CIVITE	erv.	Bait	
5	13a. S	TATE 13b. COU	NTY	13t. CITY OR TOWN Pasader	N	13d. INSIDE CITY L	IMITS?	130. STREET ADDRES	bbins		-21122-
1	-	THER'S NAME		- abaac.		15. MOTHER'S MA			722110	200120	
7		Maurice	Lee	Kirwa		Mo1	-	MIDDL		Non	tham
		/AS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU				-DIIG-		me as	# 13
		no	n/a	212.07	0656	Miss G	enev	ieve Eme	erine	12 214	8-011
		18 CAUSE OF DEATH (Enter o	BETWEEN	MATE INTERVAL ONSET AND DEATH							
		PART I. DEATH WAS CAUSI									
1		11,29									
		Conditions, if only, which									
		gove rise to immediate									11-1-5
1		couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF									
1		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO 1	HE TERM	INAL DISEASE OR CO	ONDITION GIV	EN IN PART 3	0 '
	NO NO										
7	CERTIFICATION	190 DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORME	D	200 AUTOPSY?		S, WERE FINDIN	
71	IFIC							YES TI NOT		YING CAUSES	NO []
1	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME O			21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF	-		
		OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DA							
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P. PLACE		19	211 LOCATION					
	ME	WHILE I NOT WHILE I		EET, FACTORY, OFFICE, F.	ARM, ETC)	STREET		CITY O	RIOWN	COUNTY	STATE
1		220.1 certify that (I) (this hosp		a donner I from		1				19	45-4 (1) (
-		sow the deceased alive or		19	. 01			death occurred on th			that (I) (we) lost
		obove (I) (we) (did) (did no	ot) view the body	ofter deoth.		DEGREE				22r DATE	
	8	The second	67h	11/4	50	ATTEN	DINGL	MEDICAL S	TAFF	1772	210
4		22d. PHYSICIAN S NAME (1991	7 10	00	•)	V		DIRECTOR PHY		1,0	3/1
3		ZZG. FTTT SICHATE STEAMER , THE				/		Dakwood Ro			7 -
		CHARLES J. WU						Burnie, Ma	ryland	21061	
		Cremation, removal				EMETERY OR CREM		236. LOCATION CITY OR TOWN		COUNTY	STATE
			alat H			ty Proc				e, Balt	MD.
	24 FU	INERAL DIRECTOR PM	r. elum	h ADDRESS G		Burnie	25a. DATE	REC'D. BY REGISTE	AR 256. RECOIST	RAR'S SIGNAT	Calmid
	-	Singleton F	uneral	Home	M	D.	141	11 40 198	- 10	and -	Commercy.

DHMH - 16 50M 4/B2 (VRA 15, 4)

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Catonsville, wit., ic.	ant. soad v	Sactions 38-6	ma Total	norsansi2
	wonte R			diagniz

5	1-	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYO RTIFICATE OF DEATH	SIENE 8 2	2 7	8 E.S.7
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH		26 HOUR
1 m H	{ I YPE		SIE K	ITCHEN	NOVEMBER	5, 1982	5:45
A	3. SEX		4 RACE 5. D	ATE OF BIRTH	6. AGE (IN YEARS LAST BIR		
(i)		Female	Black	MONTH DAY YEAR		YRS.	S HOURS MI
	7e. BII	RTHPLACE (STATE OR FOREIGN SOUNTRY)		ARRIED NEVER MARRIED DOWED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH	
Postified	10 CI	TY OR TOWN OF DEATH GLEN BURNIE	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES NORTH ARUNDEL HO	S]	120 USUAL OCCUPATI		OF BUSINESS
\$32	13a. S	AL RESIDENCE (IF NURSING HOME TATE 13b. CO Md A	UNTY 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?		nrise Bead	ch Rd.
AE PO	14. FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	D. 1 1 2	LAST
840		Major	Cawsford	Carri		Radsdale	
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (1F YES			ARMED FORCES? 16b. SOCIAL SECURITY N		ADDRE		
E				Sallie Fre	eman 1305		Beach OXIMATE INTERVA
other troum		Conditions, il ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (
ony injury, or other	FICATION	gove rise to immediate couse (a), stating the underlying couse lost.	(b)	OF 1 BUT NOT RELATED TO THE TERA	AINAL DISEASE OR CON	DITION GIVEN IN PART 20b. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED
ony injury, or other	ERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE (c) IT CONDITIONS CONTRIBUTING TO DEATH	OF BUT NOT RELATED TO THE TERM ATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES [DINGS USED ES OF DEATH
D B Indian of the contract of	ICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH 196 CONDITION FOR WHICH OPER 196 CONDITION FOR WHICH OPER 196 CONDITION FOR WHICH OPER 198 CONDITION FOR WHICH OPER	OF BUT NOT RELATED TO THE TERM ATION WAS PERFORMED TEAR 19	20a AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES [DINGS USED LES OF DEATH?
ony injury, or other	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH 196 CONDITION FOR WHICH OPER 216 TIME OF INJURY HOUR A.M. MONTH DAY Y	ATION WAS PERFORMED 21c. HOW INJURY OCCUR	20a AUTOPSY?	20b. IF YES, WERE FININ CERTIFYING CAUS YES THE TERM 18 PART 1 OR PART 2	DINGS USED LES OF DEATH? NO
Item 18 shows ony injury, or other		GOVE rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRI	DUE TO, OR AS A CONSEQUENCE (c) IT CONDITIONS CONTRIBUTING TO DEATH 196 CONDITION FOR WHICH OPER 216. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ET	ATION WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES RY IN ITEM 18 PART I OR PART 2 WN COUNTY 19 ote and hour and from the	DINGS USED LES OF DEATH? NO STAIL
If Hem 21 is marked or Hem 18 shows any injury, or other		gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 21d, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d, INJURY OCCURRED WHILE NOTIFY MEDICAL EXAM) 220.1 certify that (1) (this had	DUE TO, OR AS A CONSEQUENCE (c) IT CONDITIONS CONTRIBUTING TO DEATH 196 CONDITION FOR WHICH OPER 216. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ET	ATION WAS PERFORMED 21t. HOW INJURY OCCUR (EAR 19 21t LOCATION 5TREET , ond that in (my) (our) apinion DEGREE	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b IF YES, WERE FINI IN CERTIFYING CAUS YES THE TIME THE TENT OF PART 2 WN COUNTY TO THE TIME THE TENT OF THE TIME THE TENT OF THE TIME	DINGS USED LES OF DEATH? NO STATI
If them 21 is marked or them 18 shows any injury, or other		GOVE rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRI	DUE TO, OR AS A CONSEQUENCE (c) IT CONDITIONS CONTRIBUTING TO DEATH IP CONDITION FOR WHICH OPER 21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ET	ATION WAS PERFORMED 21c. HOW INJURY OCCUR 21l LOCATION 2	ZOG AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STAI DIRECTOR PHYSIC OSPITAL DRI	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES RY IN ITEM 18 PART 1 OR PART 2 WN COUNTY 19 ote and hour and from to the county of the count	DINGS USED LES OF DEATH? NO
MPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other	WEDICAL WEDICAL	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER, NOTHY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOTHY MEDICAL EXAM) 22d. PHYSICIAN'S NAME (17) RECEP ERO URIAL, CREMATION, REMOV	DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION TO DEATH 19b CONDITION FOR WHICH OPER 21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ET and on not) view the body ofter death. 19 PE OR PRINT) L. 9 M. D.	ATION WAS PERFORMED 21c. HOW INJURY OCCUR 21l LOCATION 2	ZOG AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STAL MEDICAL PHYSIC OSPITAL DRI BURNIE, MAR' 1734 LOCATION	206. IF YES, WERE FINI IN CERTIFYING CAUS YES RY IN ITEM 18 PART I OR PART 2 WN COUNTY TOTE OND HOUSE ON THE TEMPERATE OF	DINGS USED LES OF DEATH? NO
MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other	WEDICAL	gove rise to immediate couse (a), softing the underlying couse lost. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF (IF EITHER, NOTHY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE AT WORK NOTHY MEDICAL EXAM 220. I certify that (I) (this has sow the deceased alive obove, (I) (we) (did) (did) 27b. SIGNATURE 22d. PHYSICIAN'S NAME (17) RECEP ERO	DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION TO DEATH 19b CONDITION FOR WHICH OPER 21b TIME OF INJURY HOUR A.M. MONTH DAY Y P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ET 19p COR PRINT) L 9 M. D. AL 23b. DATE 23c. NAME	ATION WAS PERFORMED 216. HOW INJURY OCCUR (FEAR 19 211 LOCATION STREET , 19 , ond that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 212e ADDRESS 325 H GLEN	200 AUTOPSY? YES NO CENTER NATURE OF INJUINATION OF ITO CHITY OR TO CHITY OR	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES RY IN ITEM 18 PART 1 OR PART 2 WN COUNTY THE TOTAL COUNTY	DINGS USED LES OF DEATH? NO The state of th

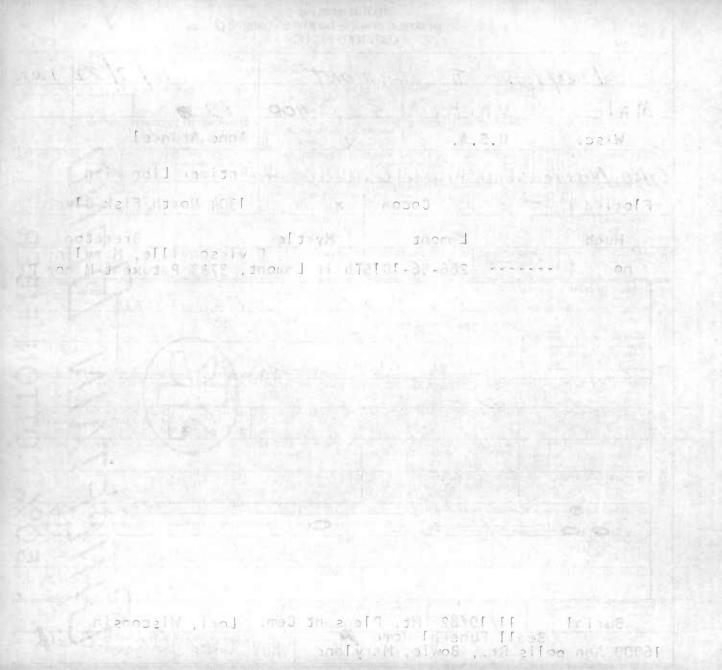
STATE OF MARYLAND

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DHMH-16 30M 2/80 (VRA 15, 4)

	1-	FOR STATE				H AND MENTAL HYGH	ENE 8 2	6. 1	Ö	1 3
		REGISTRAR		CER	HIFICA	TE OF DEATH	REG. N	Э.		NO.
		CEASED NAME FIRST		MIDDLE	LAST		2a DATE OF DEATH	MONTH DAY	YEAR 2b. H	HOUR
		Day	ton	T. La	mo	NT		11/7/	82	1:00 PM
- 3	3 SE	x /	4 RACE		TE OF BIR		AGE (IN YEARS LAST BIR	THDAY) IF NO		NDER 24 HRS
		MALE	wh	ite !	SONTH -	13-1900	82 10	YRS.	S DAYS HOL	IRS MIN.
21		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8.	DDIED		BALTIMORE CITY		EATH	
80	11	Wisc.	U.S.	Λ	OWED	DIVORCED [Anne Aru	ncel		MD.
211	10. C	TY OR TOWN OF DEATH		HOSPITAL, NURSING HO	ME OR OT		120. USUAL OCCUPAT		L KIND OF BU	
4	G	LEN BURNIS	North	H FACILITY, GIVE STREET ADDRESS	onva	lescent Hom	Retired!	Librar	ian	
18	Mar. S	Florica 136.00	OUNTY	13t. CITY OR TOWN	113d.	NSIDE CITY LIMITS?	1304 Nor	th Fish	k Blvc	1
511	14. FA	THER'S NAME	WIDDLE		15. A	OTHER'S MAIDEN NAM				
46		Hugh	WIDDLE	Lamont		Myrtle	WIDDLE	Brei	reton	
0		VAS DECEASED EVER IN U.S.		166 SOCIAL SECURITY N	O. 17. II		ovidson PR	sile. Ma	ary lar	10
2	('	YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	266-56-1015Thair Lamont, 3733 Patuxent Mane						
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse per	line for (o), (b), and (c).)		Carlin			APPROXIMATE I	INTERVAL AND DEATH
			USED BY: DIATE CAUSE (0)	CVA	7/	resouras	teru a	crest?		
		4 360		R AS A CONSEQUENCE O	35	1	(1)	7		
		Conditions, if ony, which		AS A COUSTAGE OF THE P	erde	mas.				
		gove rise to immediate couse (a), stating the) "	R AS A CONSEQUENCE O).F					- 1
		underlying couse lost.	(6)	as a construction	a	cleroces		12/943		
		PART 2. OTHER SIGNIFICAT	NI CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN	PART I(o)	
-	CERTIFICATION	A	8CU.	4C H	7					
T	CAT	190 DATE OF OPERATION	196. COND	TION FOR WHICH OPERA	ATION WA	S PERFORMED	200 AUTOPSY?	206. IF YES, WER	RE FINDINGS I	USED
1	TE						YES NO	IN CERTIFYING YES		O C
0	CER	210. ACCIDENT WAS UNDERLYING	110110		21c.	HOW INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM TO PART TO	OR PART 2)	
4	AL	OR CONTRIBUTING CAUSE OF	DEATH		AR 19					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	211.	LOCATION	CITY OR TO		OUNTY	STATE
	₹	WHILE NOT WHILE THE AT WORK	(AT HOME, STR	REET, FACTORY, OFFICE, FARM, ETC)	STREET	CITY OR TO	WN C	DUNIT	SIAIE
		220 1 certify that (1)(this he	ospital) attended the	e deceosed from		19.80	10. / 0	78 19	FZ those	(we) lost
		sow the deceased alive	on 10 2	8. 19 82	_, and the	t in (my) (our) opinion de	eoth occurred on the d	ote and hour and		
		obove (I) we) Gio (die 22b. SIGNATURE	not) view the body	offer deoffi.	DEGR				22c. DATE SIGN	
		1/911	1/	(/ /	40	ATTENDING PHYSICIAN	MEDICAL STAI		11 -	7 - 82
		27L PHYSICIAN'S NAME (T	PE OR PRINT)	and Al	22e	ADDRESS	DIRECTOR TITISIC	IAN		
	38	111107	tala	(M)		605 R	XA Place	1 /	3	
1	23n F	BURIAL, CRÉMATION, REMOV	AL 23b. DATE	123¢ NAME	OF CEMET	ERY OR CREMATORY	123d LOCATION	Deve	ma)	11
		Burial	11/10	. 100		sant Cem.	CITY OR TOWN	iscons	I D	STATE "
Pi	24 FI	JNERAL DIRECTOR	Beall Fu	uneral Hom	4	25a, DATE		266/REGISTRAR'S		11
		6000 Annapo			ary 1		1 0 1982	John	- Wall	~

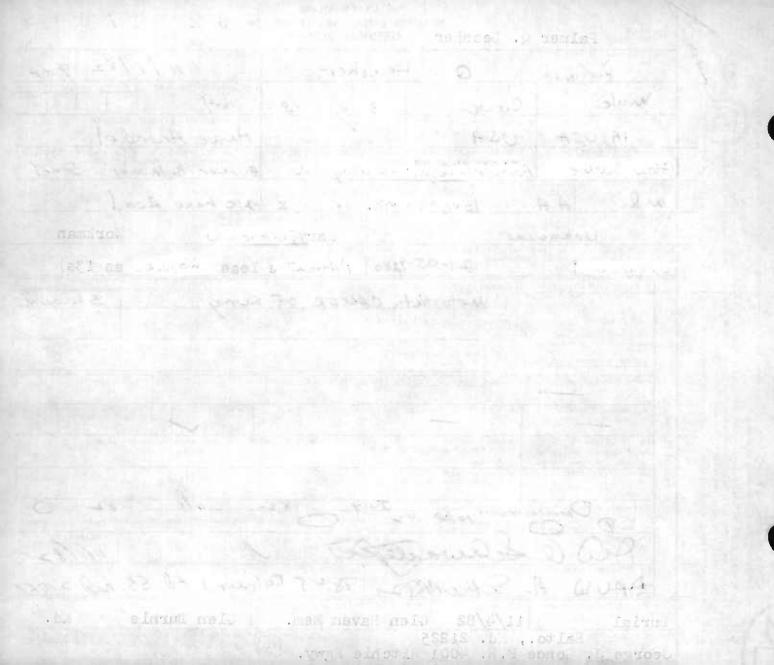
STATE OF MARYLAND



4	-1-	FOR STATE REGISTRAR			DEPARTMENT	STATE OF MAR OF HEALTH AI RTIFICATE O	D MENTAL HY	GIENE 8	2 REG. NO	2	7 8	E.S.T.
1		CO house	FIRST	MIDDLE		LAST		20. DATE OF			AY YEAR	2b. HOUR
			ARY	M		LAY			NOVE		22,1982	
	3. SE	Female		White) S. C	10 DA	6 *27	6, AGE (INY	ARS LAST BIRT	AA.	FUNDER I YEAR	IF UNDER 24 HRS
35	70 BI	RTHPLACE ISTATE OR FOR OUNTRY! V. Virginia	EIGN 71	U.S.A	М	ARRIED NEV	ER MARRIED DIVORCED			DEL COUNTY		MI
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E	USU/ 13a. S	TATE Md .	HOME OR O	THER INSTITUTION, GIVE RESID	ence before admi		DE CITY LIMITS?	131 STREET	Glen.	lea D	rive	21061
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9	CERTIFICATION	190 DATE OF OPERATIO	2	196 CONDITION FO	R WHICH OPE	RATION WAS PE	RFORMED	20a AUTO	PSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
9	MEDICAL CER	21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRET WHILE NOT WHILE AT WORK NOT WHILE	SE OF DEATH EXAMINER)	P.M. 216. PLACE OF INJU! (AT HOME STREET, FACTO	NTH DAY RY, OFFICE, FARM, E	19 211. LOC	V INJURY OCCU	RRED (ENTER NA	CITY OR TOV		COUNTY	STATE
			220. I certify that (I) (this hospital) attended the deceased from 2 5 19 2 , and that in (my) (our) opinion about the country of the body					deoth occurred	STAF		ond from the	
1		DAVID A				22e ADD	RESS 7845	OAKWOO		D, #20 YLAND		
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	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OT	THER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
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IFICAT	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION W	AS PERFORMED	IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
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	sow the deceased olive so	10/28 19.1	, and the	at it (my) (au) opinion d	eath accurred on the date and	haur and from the couses stated
	224 SIGNATURE	threw the body after death.		-	Control of the Contro	27r. DATE SIGNED
	900 C	Schwaf	cep		MEDICAL STAFF DIRECTOR PHYSICIAN	4/1/82
	ACLIN A	1 5 1/2,200		ADDRESS 7845 Og	Green 1 Ad.	55.6.0 2 nc
23n F	BURIAL CREMATION REMOVAL	1236 DATE 1234	NAME OF CEME	TERY OR CREMATORY	123d. LOCATION	1901-
	(SPECIFY)				Glen Burn	ie Md. STATE
24. FI	UNERAL DIRECTOR Bal to			25a PA-16	PECED. BY REGISTRAR 25 AUC	DISTRAR'S SENAPORE
-	NAME TO	e F.H. 4001 F	24.12	TY	V 0 1902 1	and and
	1. DE 114F/2 160. V 160	I. DECEASED NAME FIRST ITYPE OR PRINT) I. SEX 10. CITY OR TOWN OF DEATH Pasadena USUAL RESIDENCE IF NURSING HOME OR 13a STATE III FATHER'S NAME FIRST III FATHER'S NAME FIRST III FATHER'S NAME FIRST III FYES, GIV NO III CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE OF DEATH (ENTER OR DEATH	REGISTRAR Palmer Q. Leasher 1. DECEASED NAME ITYPE OR PRINT) 1. SEX 1. SEX 1. COUNTRY 1. SEX 1. COUNTRY 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OWN RESIDENCE SERVOLLY 1. SEX 1. COUNTRY 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OWN RESIDENCE SERVOLLY 1. SEX 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OWN RESIDENCE SERVOLLY 1. SEX 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OWN RESIDENCE SERVOLLY 1. SEX 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OWN RESIDENCE SERVOLLY 1. SEX 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OWN RESIDENCE SERVOLLY 1. SEX 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OWN RESIDENCE SERVOLLY 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OWN RESIDENCE SERVOLLY 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OWN RESIDENCE SERVOLLY 1. NAME OF HOSPITAL, NURSING HOME SERVOLLY 1. NAME OF HOSPITAL HOME SERVOLLY 1. NAME OF HOSPITAL HOME SERVOLLY	PART L DEATH WAS CAUSE BY EVEN IN U.S. ARMED FORCES? 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 198 CAUSE OF DEATH (FIFTEN AND LOST) 19 DATE OF OPERATION 198 CAUSE OF DEATH (FIFTEN AND LOST) 19 DATE OF OPERATION 198 CAUSE OF DEATH (FIFTEN AND LOST) 19 DATE OF OPERATION 198 CAUSE OF DEATH (FIFTEN AND LOST) 19 DATE OF OPERATION 198 CAUSE OF DEATH (FIFTEN AND LOST) 19 DATE OF OPERATION 198 CAUSE OF DEATH (FIFTEN AND LOST) 19 DATE OF OPERATION 198 CAUSE OF DEATH (FIFTEN AND LOST) 19 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS DECEMBED ON COURSE (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	TSTATE REGISTAR PAIMER Q. Leasher CERTIFICATE OF DEATH I. DECEASED NAME II. DECEASED NAME III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. DECEASED NAME III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. STATE III. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. STATE III. NOTHER IS MAIDEN NAME I. PART I. DEATH WAS COUNTY III. DEATH W	FOR STATE REGISTRAR Palmer Q. Leasher CERTIFICATE OF DEATH REGISTRAR PAlmer Q. Leasher Q. Leasher CERTIFICATE Q. Leasher



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9 m €		CEASED NAME OR PRINT)	FIRST	LEE PI	ERCE	LEE	NOVEMBER 13, 19	82	26. HOUR 6:35 P _M
4 mox	3. SE	emale		4.RACE White		5. Date of Birth June 1, 1907	75	IF UNDER I YEAR	
Poge	7g. 81	RTHPLACE (STATE OR		76. CITIZEN OF WHAT COU	INTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY ANNE ARUNDEL C		
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ompletely on 2 sh	Jo	Seph		S. Helm		IS. MOTHER'S MAIDEN NAV	L. · A:	rrowo	
be execut on ond co		VAS DECEASED EVER (ES. NO OR UNKNOWN) NO	IN U.S. AR			0882 Mr. Harold	other) ADDRESS 320 J. Helms Balti	more,	nam Ave.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120, ING PHYSICIAN; The low requires that the death certificate be executed within 24 hours, ratending physicion and completely filled in by os the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled in by os the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled in by os the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled in by os the buriol-transition, or removal.	CERTIFICATION	Canditions, if ony gove rise to immocouse (o), statitudelying cause PART 2 OTHER SIGI	nediote ing the lost.	DUE TO, OR AS A CON (c) ONDITIONS CONTRIBUTION	NSEQUEI	NCE OF EATH BUT NOT RELATED TO HE TERM OPERATION WAS PERFORMED	200 AUTOPSY? 200 F YES	, WERE FIND	
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		STATE REGISTRAR		CERTIFICATE OF DE	EATH	250 110		
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beer mit.	A	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFOR	MED 2	20a AUTOPSY? 2	Ob. IF YES, WERE FINDING	GS USED
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R ATTEN hospital RECTOR: ned for us spt. af He	55	saw the deceased alive or	of) view the body after death.	6 ond that in the contract of	our) opinion deat	h occurred on the date	and hour and from the c	ouses stated
OR A DIRECTOR A DIRECTOR OF THE MANAGER OF THE MANA		73L SIGNATURE	or view the oddy diver death.	DEGREE			22c. DATE S	IGNED
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(VR A 15 (4)]

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH YEAR 2b HOUR (TYPE OR PRINT) 30 82 30 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH ANNE HRRUNDE 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST GENERAL LIFE) NDUOWN Home 13e STREET ADDRESS 12810 MIDDLE Downey ADDRESS BOWIE MI BUCKING HAM DR PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE (aur) apinian death accurred an the date and hour and from the causes stated MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN Boonsboro, Wash. Co., 24 FUNERAL DIRECTOR Boonsboro, Md. 21713 John H. Bast, Jr.

British to the second and the H. L. Maweie, JR. Series Scheboro Seetal; Schiboro, es. St., S. John F. Seel, er. Joons Date. 27945 1 066 6 882 Jan & Carish

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	FICATE OF D	HTA		REG. N	0.				
		OR PRINT	FIRST		MIDDLE	,	LAST		20. DATE C	F DEATH	MONTH	DAY	YEAR	26 HOL	JR 🙆
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	3. SE	Ď		4. RACE	,	5. DATE (YEAR	6 AGE (IN	YEARS LAST BIR	THDAY)	MONTH	DER I YEAR	IF UNDER	MIN.
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ige 4 mo	3. SE	Female	Cauc.	S. DATE C	29, DAY 1903	6. AGE (IN YEARS LAST BIRTHDAY) 79 YR	
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OR he he hocker tocker If Her		226. SIGNATURE	Working	1	ATTENDING PHYSICIAN	MEDICAL STAFF	11/29/82
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James S. Kirkley, Glen Burnie, MD

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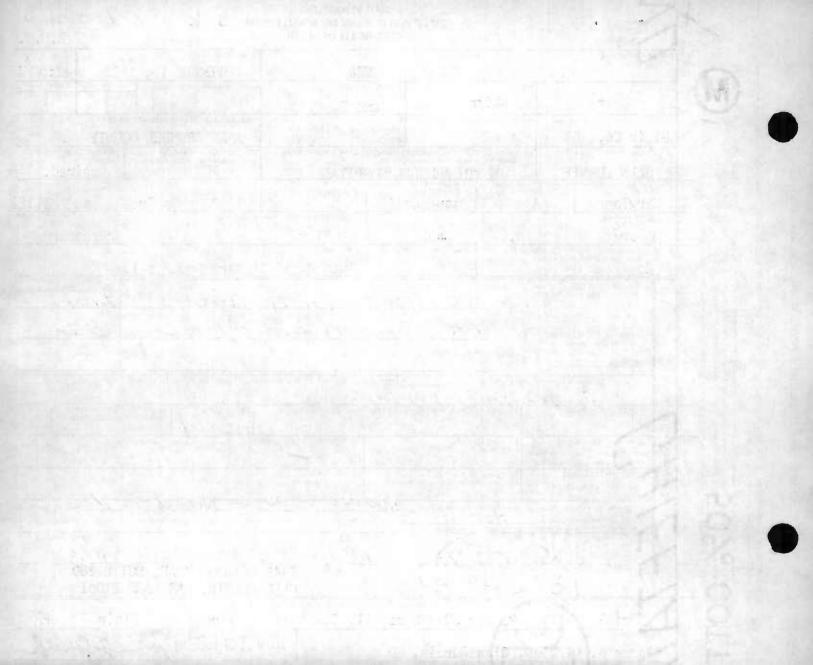
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

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STATE



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	1-	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN OF ESTI-	H DAY YEAR 26. HOUR
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S AFTER DEA GIVE PAGES ITH FORM P PAGES I AN INISION OFF	16a. V	VAS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE WA	AR OR DATES) ASTING ONLY ON THE TOTAL	
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSAR RECUTE THE CERTIFICATE, WITHIN 124 HOURS AFTER DEATH. IF ANY DELAY IS NECESSAR RECUTED HE CERTIFICATE, WITHIN 134 HOURS AFTER DEATH. IF AND 13 HOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 3 AFTER DEATH, WITH THE STATE DEPARTMENT OF HAALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W, PRESTON 14 AND 14 AND 14 AND 14 AND 15 A		PART Z OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0.	
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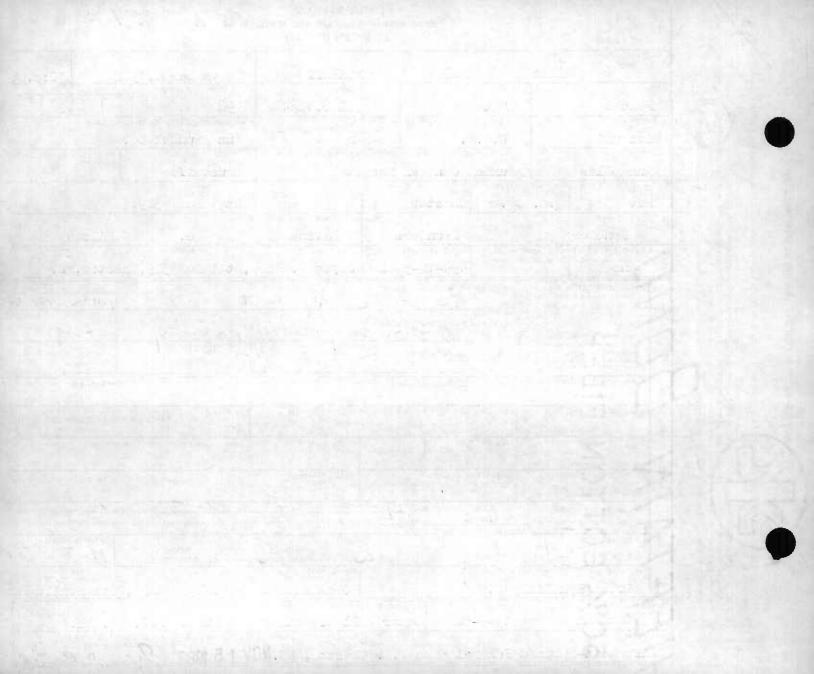
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	no	OTE TAIL OF DATES)	494-12-5	002	Joyce P. Sno	w,Rt#1 Box#	329,Ch	ester,	Md.
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10000	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED NOT WHILE AT WORK 11 Certify that (1) (this has we the deceased alive above, (1) (we) (elid) (did)	DUE TO, O (b) DUE TO, O (c) IT CONDITIONS CO 19b COND 21b, TIME O HOUR A. P. 21e, PLACE: IAT HOME, STR	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D ITION FOR WHICH (IF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	NCE OF NCE OF NCE OF OPERATION Y YEAR 19 ARM, ETC.)	211. LOCATION STREET 214 that in (my) (aur) apinion of	INAL DISEASE OR CON 20a AUTOPSY? YES NO EED (ENTER NATURE OF INJUI	20b. IF YES, VIN CERTIFYII YES RY IN ITEM 18, PAR	WERE FINDING CAUSES TI OR PART 2) COUNTY	NGS USED OF DEATH NO [
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DHMH - 16 50M 1/81 (VRA 15, 4)

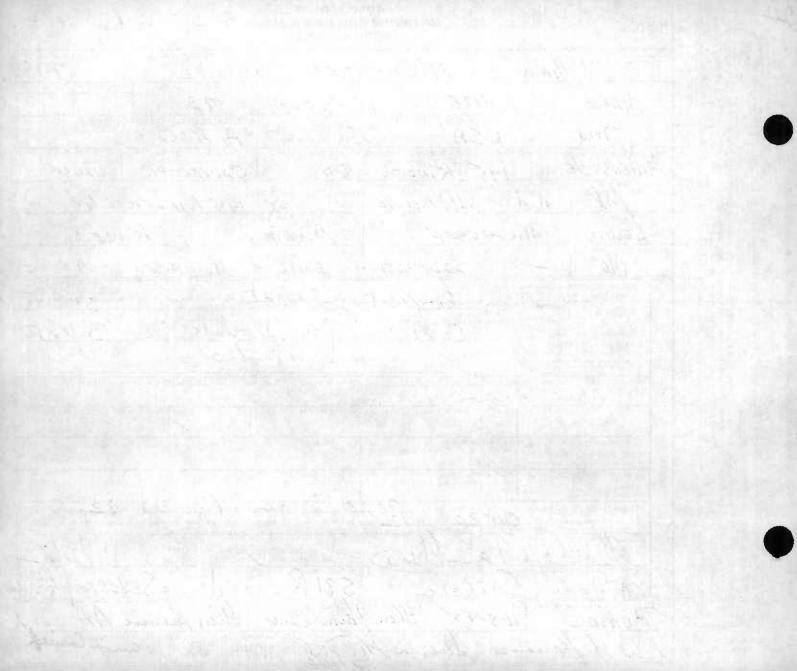
TO HOSPITAL

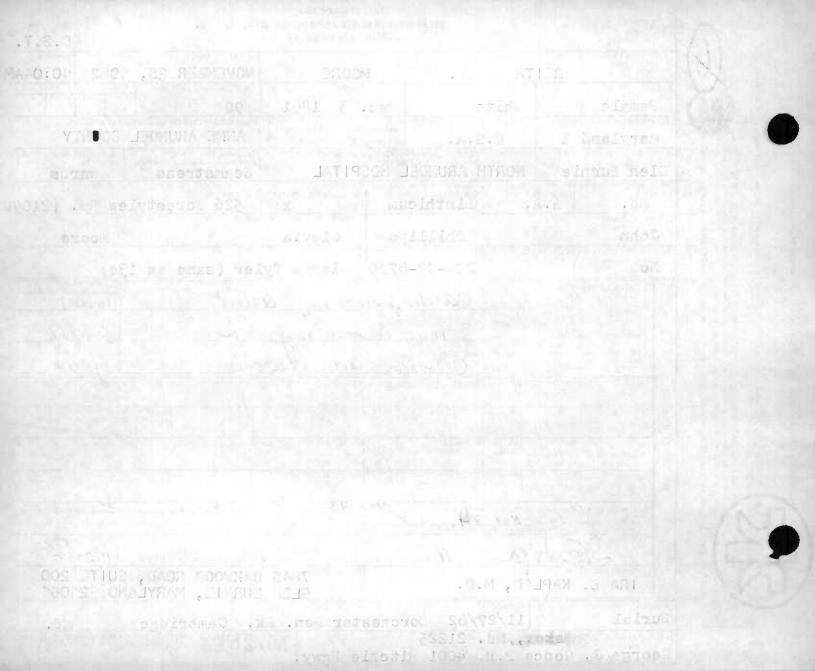
BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the athending physician and complete should be detached for use as the burial-framit pennit. Then please remove corbon appets Pages, I and 2 with the State Dept. of Health and Mental Hygiethe prior to burial, cremation, or removal.



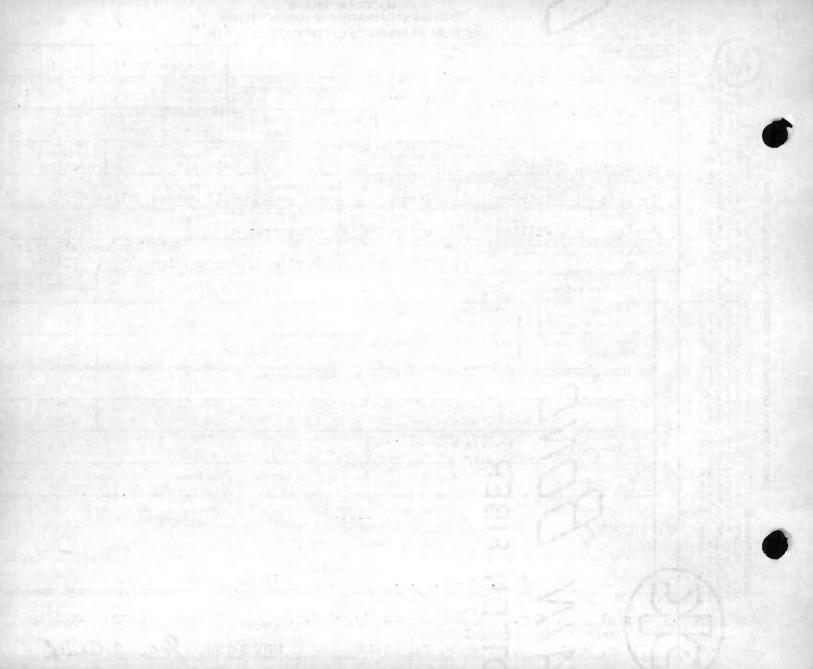
20	1.	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY	GIENE 8 2 2	7 8 3 1
(M)		REGISTRAR CEASED NAME OR PRINT! WILLIA	ME MIDDLE	LHAUSEN	REG. NO. 26 DATE OF DEATH MONTH	DAY YEAR 126 HOUR 7.15AM
age 4 ma	3 SE	MALE	1. RACE WHITE	5. DATE OF BIRTH MONTHO - 25-09	6. AGE (INYEARS LAST BIRTHDAY) 73 YRS.	FUNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
funeral d		RTHPLACE (STATE OR FOREIGN COUNTRY) WAS	76 CITIZEN OF WHAT COUNTS USA	MARRIED NEVER MARRIED WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUNTY A A - Co	MD.
ours often in by the be existing	/USU	AL RESIDENCE UF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BE	REET ADDRESS) DEN REST ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE CARPENT ER	12b. KIND OF BUSINESS OR INDUSTRY
thin 24 h		THER'S NAME	A · Willen	SUITE YES NO D		Rd.
ORE, MAR	160 V	LEWIS VAS DECEASED EVER IN U.S. A VES, NO OPHINE OWN) (IF YES, C	MILHAUSEN ARMED FORCES? 166 SOCIAL SE	MINNIE	, ADDRESS	INDER
BALTIMORE, cote be executivistion and consistent and consistent. Pages oval.		II CAUSE OF DEATH (Enter PART), DEATH WAS CAUSE	only one cause per line for its . Ib.	32514H EMILI	E MILHAUSEN	A BOVE
that the death certified by the attending phose remove corbons of the other troumotic every			IATE CALISETOL 605	DIRATAY WERES CLASING of the Property of the	rostate vill	3 years
RECORDS, 201 low requires the ss been signed b ermit. Then pleos e prior to burial, rs ony injury, or a	CERTIFICATION	PART 2 OTHER SIGNIFICANT NONE 190 DATE OF OPERATION	know	O DEATH BUT NOT RELATED TO THE TER. * ICH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES	EN IN PART 1(0 S, WERE FINDINGS USED YING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir r offending physicion. (frer this certificate has been sig os the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury	MEDICAL CERTIF	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IFEITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOTIFY MILE	DEATH HOUR A.M. MONTH	19 21f. LOCATION	YES NO YES	SNO
OR ATTENDO e hospirol or DIRECTOR: A sched for use Dept. of Heol		220 I certify that (I) (this has	spital) attended the deceased from	/) =	n death occurred on the date and hour	19 that (I) (we) last r and from the causes stated
TO HOSPITAL retoined by the TO FUNERAL should be derived by with the Stote With TO STOTE WITH T	0120	2 PHYSICIAN'S NAME (TYPE ATHER (N	ELARRELL	MI) PHYSICIAN 122e ADDRESS RICE 581 RICE	Mard Ung SE	VERNA P2 21146
BP	24.11	BURION, REMOVA	AL 11-5-87 23	Hen Hum Cent	JE REC'D. BY REGISTRAR 256, AUGUST	COUNTAL STATE C
(VRA 15, 4)	1	Jul & Han	anco sente	ine M. Mil	INV 8 1982 / John	more and





DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TYPE OR PRINT Robert DEATH MATED XX 161982 Morgan 4. RACE AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 4:50 DATE LAST BIRTHDAY PRONOUNCED Male Sept. 9, 1951 31 YRS DEAD White 17 1982 D . M O BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED X FOREIGN COUNTRY! Anne Arundei County. New York U. S. A. WIDOWED DIVORCED 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Salesman Anne Arundel Co. Severn River Boating ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Virginia 9812 Meadow Valley Dr. Fairfax Vienna NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST O'Brian Charles William Margaret Morgan MAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT 98725 Meadow Valley Dr. (YES, NO. OR UNKNOWN) 263-92-1592 Charles E. Morgan, Vienna, Va. 22180 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES XX NO T 210 EXTERNAL CAUSE WAS 116. TIME OF INJURY (OST HOUR A.M. MONTH DAY 21c HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH ? P.M. | subject found in water 16 19 82 EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DÉATH, WITH THE STATE DE BAITIMORE, MARITAND, 21201 P WHILE AT WORK AT WORK Water Severn River. Anne Arundel 22a I certify that I took charge of the remains described above, held an Autopsy Hamicide Undetermined manner TITLE (SPECIFY) 11-18-82 Assistant EXAMINER'S NAME Dennis F. Smyth, M.D. III Penn Street 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY > Nov. 22, 1982 Browns Chapel Cem. Fairfax County, Virginia Burial BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DRECTOR & King Funeral Home **DHMH - 17** NOV 2 9 1982 171 W. Maple Ave., Vienna, Va. 22180 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND



¥	1.	NOI	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 7 8 3 4
1	L	STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.
2 51		CEASED NAME FIRST PRINT)	2A BETH NORDQUIST 20. DATE OF DEATH MONTH DAY YEAR 11:300
	1. SE	t=mn1 =	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MS MONTH DAY YEAR MONTHS DAYS HOURS MIN.
		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH
death death		MD	WIDOWED DIVORCED H
1 1 100	5	EVERNA DK	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THOSE BANK RD (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SCHOOL
AND 217	130.	AL RESIDENCE (1E NURSING HOME OR 13b. COUN	130 CITY OR TOWN PA 13d. INSIDE CITY LIMITS? 130. STREET ADDRESS 160 BANK RD.
MARKU MARKU	14. F.	ATHERS NAME NEARLY	MIDDLE NORPOUST WANCY MIDDLE AMAN AND NAME
MORE, or and co Pages 1 Pages 1	16a. \	VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE	
ST., BALT refricate to a physicia on popers emoral.	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO BY: TE CAUSE (a) LO BY: TE CAUSE (a)
death ce otherding over carb non, or 1	13	2080 Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF
W. PRE out the o		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF
DS, 301 uigned i hen plea benral livry, or	Z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
has been been been been been been been bee	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES NO NO
OF VITA CLAN. The physicic printicate of transition to lite hygun mm. 18 shp.	100	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
VISION THIS CHAPS AND THE PAINS OND MEN	MEDICAL	21d. INJURY OCCURRED	P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
DE OF OF OF STREET OF STRE		220.1 certify that (1) (this haspit	otal) attended the deceased from 19 32, ta 11 12 19 32, that ((we) last
ATTEND respiration of records and for use of for use pp. of Hea		saw the deceased alive on abave ((1) (we) (did) (did not 22b. SIGNATURE	view the body after death. 19 and that in m (aur) apinian death accurred an the date and haur and fram the causes stated
AL DR. CAL DR.		Lorgine m	. Dailey M.D. ATTENDING MEDICAL STAFF 11/13/82
D HOSPITA Toined by O FUNERA hould be di with the Sto		LORAINE M	DAILEY 8667 FT SMALLWOOD RD PASADENA MO
26 5212	23a.	URIAL, CREMATION, REMOVAL	CITY OR TOWN
BP DHMH - 16 25M	24/	WEAL DIRECTOR	11-15-8 WESTVIEW WESTVIEW BALT ADDRESS 250. DATA PRODUCE BY REGISTRAR'S SIGNA WEST
(VR A 15 (4) W/Z4	K	Hit S. San	anes sevena the had

	1.	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYC FICATE OF DEATH	GIENE 8 2	2	7 8	3 5 EST
		CEASED NAME FIRST	MIDDLE	W. 14	LAST		MONTH DA	AY YEAR	2b. HOUR
	live	AUGUS	TINE	PAI	MER	NOVEMBE	R 11.	1982	8:56A M
-	3. SE	х	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BE	RTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS
Lan.	PER	MATE	BLACK	Nenti	28 1906	76	YRS.	ONTHS: DAYS	HOURS MIN.
330		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.		9. BALTIMORE CITY		OF DEATH	
135	AII	RCINIA	U.S.A.	WIDOWE	D NEVER MARRIED	ANNE ARI	UNDEL	COUNT	TY MD.
-8	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME		120. USUAL OCCUPAT	ION	126 KIND C	OF BUSINESS OR
彭4	G	LEN BURNIE	NORTH ARUND		SPITAL	(TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	
o P	USU		OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)		13e. STREET ADDRESS			
どり		DALLARATE	.A. SEVERNA		13d. INSIDE CITY LIMITS?	309 Pinev	iew Av	enue	
niner	14. FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA				
0 ZC		UNKNOWN	WORLE		BETTY	WIDDIE		WAT	KINS
DOI		WAS DECEASED EVER IN U.S.	ARMED FORCES? 166. SOCIAL SECU	PITY NO.	17. INFORMANT	ADDR	Feli	sadena	, Md.
the medical	NO) (IF TES.	GIVE WAR OR DATES)		SARAH FARMER	HORNE 309	Pinewi	ew Ave	•
or other troumotic event,		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	- un	f. MI	(() // , ,	UNI		
njury, o	z	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 1	0,
ows ony inj	TIFICATION	19a, DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIE	
Item 18 sh	CAL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	RT 1 OR PART 2)	
marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I		211. LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
21 is		sow the deceased alive	spital) attended the deceased from an analysis on 19 not view the body after death.		nd that in (my) (our) opinion	deoth occurred on the d	late and hour		that (I) (we) lost couses stated
NT. If them		226. SIGNATURE	mohen	~,1		MEDICAL STA	AFF CIAN []	22c. DATE	SIGNED
ORTANT		22d PHYSICIAN'S NAME (TYPE			22e. ADDRESS 323	6 MOUNTAI	N ROAL		
0 1	X	HAMID A. T	OWHIDIAN, M.D.		PASADENA	MARYLAN	D 211	122	

DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR
WILLIAM REE (VRA 15, 4)

BURTAL

23a. BURIAL, CREMATION, REMOVAL

11-16-1982 Annapalis,

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

MARYLAND

23d. LOCATION
CITY OF TOWN
Severna

A.A. Maryland

STATE

- STATE

(TYPE OR PRINT)

3 SEX

REGISTRAR I. DECEASED NAME

Harold

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIOOLE 20 DATE OF DEATH MONTH 2b. HOUR W. Parker November 22, 1982 4:30 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 24 HRS

Male	White	Apri	1 26, 1922	60	YRS	15 DAYS HOURS	MIN
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		? 8 MARRIE	NEVER MARRIED				
		WIDOWE	DIVORCED	Anne Aru	ndel Cou	inty	MI
	(IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)	OR OTHER INSTITUTION			TO KIND OF BUSINE	SSOR
				Machinis	t	crown Cork	< &
13a STATE 113h COUN	VITY 136 CITY OR TOV	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		Sea	
	A Baltimo	re	YES NOX	922 Hammo	nds Lane	212	225
	MIDDLE						
Robert F	. Parker		Lura	R.		Cress	
	The second second	URITY NO.	17. INFORMANT	ADDRI	ESS		
Yes 3/4/	41 to 224-26-3	3137	Violet King	Parker, Sa	me as 13	}	
DARKI DEATHING CALICE	E 834	-				APPROXIMATE INTERVENTED	VAI DEATH
IMMEDIA	TE CAUSE (a) Artaeuscus	ée (6	ronary Artan	Disease			
14140	DUE TO OR AS A CONSEQU	IENCE OF					
Conditions, if ony, which	(6)	, E. T.C.E. O.					
gove rise to immediate	DUE TO OD AS A CONSSOL	ENICE OF					
underlying couse lost	DUE TO, OR AS A CONSECU	JENCE OF					
	, (c)						
PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CON	DITION CIVEN IN	I DADT 1/a	
2 1	be preclar to	DEATH BUT		INAL DISEASE OR CON	DITION GIVEN IN	PART IIO	
	Virginia 10. CITY OR TOWN OF DEATH Baltimore SUAL RESIDENCE (IF NURSING HOME OF 13th COUNTY AND 15th COUNTY	76. BIRTHPLACE (STATE OR FOREIGN Virginia USA 10. CITY OR TOWN OF DEATH Baltimore 35. STATE Maryland 14. FATHER'S NAME RObert Robert Robert F. MIDLE ROBEROSE OF UNKNOWN) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) 18. CAUSE OF DEATH (ES) Conditions, if ony, which gove rise to immediate couse (o), storing the	70. BIRTHPLACE (STATE OR FOREIGN Virginia USA MARRIE VIrginia USA USA USA Baltimore USA (IF NOT IN SUCH FACILITY, GME STREET ADDRESS) 922 Hammonds Lane 130. STATE 131. COUNTY 134. CITY OR TOWN Baltimore 14 FATHER'S NAME FIRST NAME FORCES? (YES NO OR UNKNOWN) (IF YES GIME WAR OR DATES) 150. STATE WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES GIME WAR OR DATES) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES GIME WAR OR DATES) 18 CAUSE OF DEATH 153 644 1 couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LEVEL OF CONSEQUENCE OF COUSE (a), storing the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	The citizen of what country: Name of the street address Never married Name of the street address Name of the street addres	30. BIRTHPLACE (STATE OR FOREIGN Virginia 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OF WITGINIA NEVER MARRIED NEVER MARRIED 9. BALTIMORE CITY OF MIDOWED DWORCED Anne Aru 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPAT 13b. STATE 13b. COUNTY 13d. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 922 Hammo 14. FATHER'S NAME FIRST NAME FIRST Lura R.	78. BIRTHPLACE (STATE OR FOREIGN Virginia	Virginia Virginia

71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY

AT HOME STREET, FACTORY, OFFICE, FARM ETC)

21f. LOCATION

CITY OR TOWN

COUNTY STATE

220 I certify that (I) (this hospital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body after death hat in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED

22d PHYSICIAN'S NAME HOPE OR PRINT Dr. Michael Schwartz

23a BURIAL, CREMATION, REMOVAL

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

606 Hammonds Lane, Baltimore, MD

Burial 24 Nov 82 24. FUNERAL DIRECTOR James S. Kirkley, Glen Burnie, MD

23b. DATE

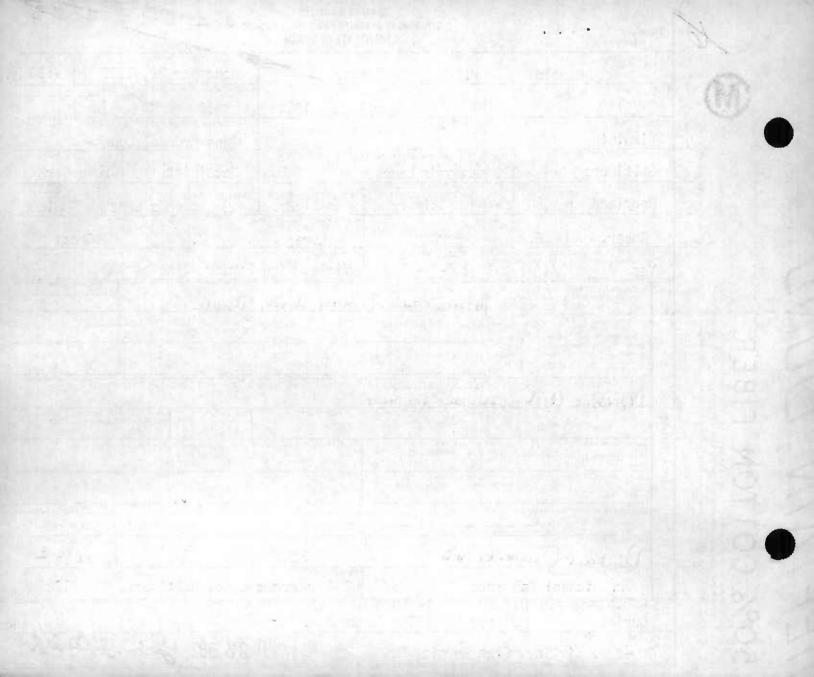
Glen Haven Mem. Park Glen Burnie Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

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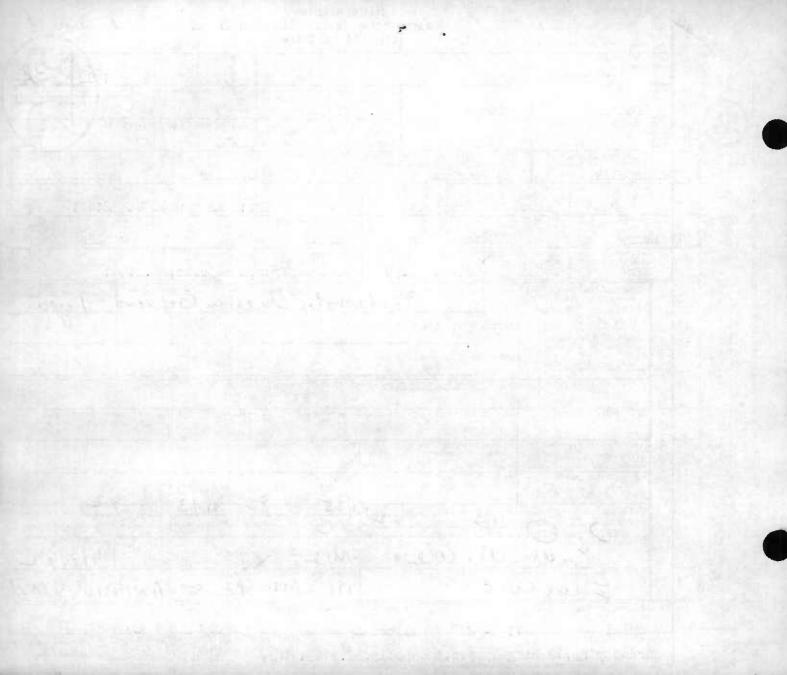
23d. LOCATION

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN



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	moth.	١
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON 51., BALLIMORE, MAKTLAND 2 1 20	The	CION.
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Jul 1	1.	FOR - STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYC IFICATE OF DEATH	GIENE 8 2	2 7 8 3 7
m 5		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	NTH DAY YEAR 26. HOUR
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事を動り	Md		USA WIDOV		AACo	MD
with with	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION	DRKING LIFE) INDUSTRY
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e execu		VAS DECEASED EVER IN U.S. AI	VE WAR OR DATES)	17 INFORMANT	ADDRESS	
icion o eers. Po		no	216 18 5279	Gordon Park	s,Annapolis,Mo	d.21401 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ow requires that the death or been signed by the attendin mit. Then please remove corb prior to burial, cremation, or ony injury, or ather troumatic.	CERTIFICATION		DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BL			
he low on. hos be t permi	FICA	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	IN	6. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
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DING PHYS or attendin After this e as the bu olth and Me marked ar t	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
L OR ATTEN he hospital DIRECTOR: fached for us 9 Dept. of He If Hem 21 is		22a. I certify that (1) (this hosp saw the occeased alive a	of view the body ofter death. W Coleman	ond that in (my) our) opinion DEGREE M DATTENDING PHYSICIAN		ond hour and from the causes stated
TO HOSPITAL retained by th TO FUNERAL should be det with the State MAPORTANT:	730		OR PRINT] COCE 1224 DATE 1224 NAME OF	121 CATHS	EDRAL ST A	
BP	230. 1	(SPECIFY)		CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
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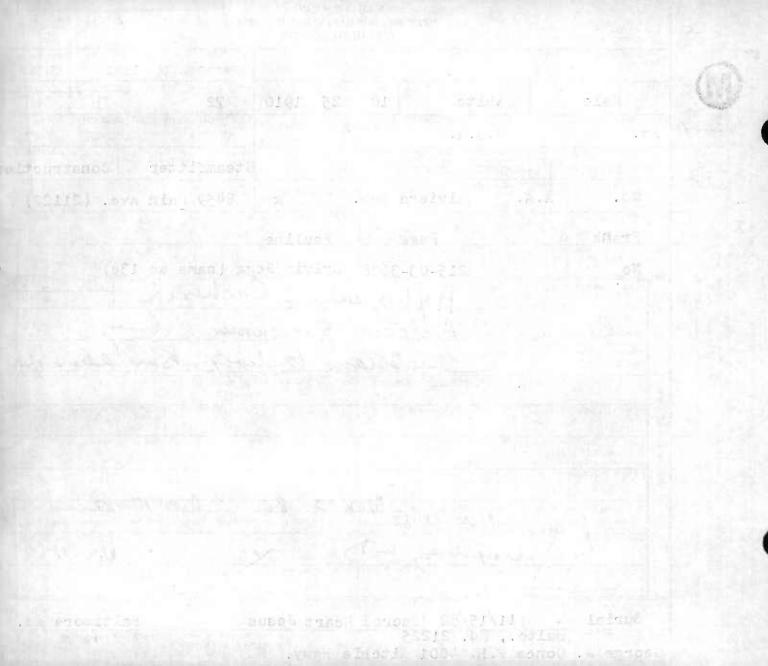


16	1.	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2 7 CERTIFICATE OF DEATH REG. NO.	7 8 3 8
oy be oge 3 death	(TYP)	CEASED NAME RUTH	Marian Patterson 20 DATE OF DEATH MONTH DAY	YEAR 2b. HOUR OF 45 M
ng 4 mo	3. SE	temale	White Cot. 13 1924 58 YRS.	
	7a. B	IRTHPLACE (STATE OR FOREIGN bunkly)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED OF BALTIMORE CITY OR COUNTY OF WIDOWED DIVORCED OF HINE HOUND	el MD.
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LTIMORE ion ond c		YES, NOOR UNKNOWN) (IF YES, OV	WI 399-18-9650 Francis M. Patterson	APPROXIMATE INVERVAL
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RECORDS, 201 e low requires the n. nos been signed b permit Then pleo: ne prior to buriol, ws ony injury, or or	CERTIFICATION			IN PART 1(0) VERE FINDINGS USED IG CAUSES OF DEATH?
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to ok ATTEN the hospital DIRECTOR toched for un to Dept. of He m 21 is		22a. I certify that (II a saw the deceased alive or above, (I) (we raid to a 22b. SIGNATURE	attended the decease from 19 to 19. The political physician DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN	nd from the couses stoted
TO HOSPITAL TO FUNERAL should be de with the State		22d. P. T. SICIAN'S NAME (TYPE O		POUS, MD 2/40,
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 STATE CERTIFICATE OF DEATH EST REGISTRAR DECEASED NAME **LAST** 2g DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) NOVEMBER 10, 1982 5:30P. PEGG FRANK W. 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4 RACE IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH 100NTH Male White 1910 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Pauntry) U.S.A. ANNE ARUNDEL COUNTY WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRES Steamfitter Construction GLEN BURNIE NORTH ARUNDEL HOSPITAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 13a ST NEd USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. 86459 Main Ave. (21122) 13d. INSIDE CITY LIMITS? Riviera Bch 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST FIRST MIDDLE Frank Pauline Pegg 16g WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Sylvia Pegg same as 13e No APPROXIMATE INTER 18 CAUSE OF DEATH Enter only one cause per line for (o), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED D IN CERTIFYING CAUSES OF DEATH? NOF NO [sho the burrol-tronsit pond Mentol Hygie 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL Hem (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 220.1 certify that this hospital) attended the deceased from , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did (did not) view the body after death 22c. DATE SIGNED 22b. SIGNATUE DEGREE ild be deto the Stote I MPORTANT: DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (NO DEPEND 22e ADDRESS 2932-A MOUNTAIN ROAD PASADENA, MD. 21122 shoul BENITO MARTINEZ. M.D. 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23d LOCATION Burial Sacred Heart Jesus Baltimore Md. BP Balto., Md. 21225 250. DATE REC'D. BY REGISTRAR 25b. REPISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) George J. Gonce F.H. 4001 Ritchie Hgwy

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO L DECEASED NAME FIRST 20. DATE KNOWN 2b. HOUR TYPE OR PRINTI ESTI-LEE JOYCE PFEIFER DEATH MATED 1982 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS 3. SEX IF UNDER TYR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED Female :45 White 6/15/1964 DEAD 18 1982 VR Th CITIZEN OF WHAT COUNTRYS TA BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary Tand U.S.A. WIDOWED DIVORCED Anne Arundel County IB. CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 2, AND 3 TO THE 3. RETAIN PAGE SHOULD BE FIL Glen Burnie Counter Ladv Fast Food North Arundel Hospital WITH FORM PM 3. RETAIN F T. PAGES 1 AND 2 SHOULD BE DIVISION OF WITAL RECORDS, USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 13g STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Marvland Glen Burnie 231 Carroll Road YES 🗌 NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Charles Wallace Pfeifer Cecelia Beecher Marv 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) 217-88-7508 Charles Pfeifer no same as above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Atlanto-occipital separation DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI 1 PRIOR TO BURIAL, YES X NO 🗆 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR D OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 12:23 XX 11-13-19 82 Driver in auto/auto collision 21e PLACE OF INJURY (AT HOME AT WORK NOT WHILE TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STATE D 2 near Cedar Hill Lane road Anne Arundel Md. 220 I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Accident X death resulted from: Natural causes Hamicide Undetermined manner Suicide TITLE (SPECIFY) 11-13-82 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S MAME 111 Penn St., Balto., Md. 21201 Ann M. Dixon, M.D. TYPE OR PRINT 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 11/16/82 Burial Glen Haven Mem. Pk Glen Burnie BP 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR **DHMH** - 17 (VR A15 ME (5)) Raymond C. Fink Glen Burnie, Md. 20M 4/82

STATE OF MARYLAND

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Material Company of the Asylvin London Company of the Asylvin Compan

11-24-82

WILLIAM REESE & SONS MORTUARY, P.A

PINELAWN

Annapolis,

MEM. PARK

Annapolis

250. DATE REC'D. BY REGISTRAR 256 GISTRAR'S SIGNATURE

FOR - STATE

BP

DHMH - 16 50M 4/82

(VRA 15, 4)

REGISTRAR

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

26. HOUR

12b. KIND OF BUSINESS OR

LAST

INDUSTRY

ROGERS

COUNTY

22c. DATE SIGNED

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	2 00 00		obove, (I) (wahind) (did no	t) view the body afte	r death		(our) opinion dec	oth occurred on the date			
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	should with 10 F	23o, B	URIAL, CREMATION REMOVAL	23b. DATE	[23c. NA	ME OF CEMETERY OR C	REMATORY	23d, LOCATION	TINGE	JUN.	14-
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DI	HMH - 16 50M 1/81	24 EU	INERAL DIRECTOR	TIT 1	1 Andrews	Lalica N	250 PATER	FCP BY MOBIBAR	secure!	Is tobbe	AK.
	(VRA 15, 4)	(EITTICKS-	15/	1 / Try	21401	A DEC	10100			1

10412-11501 LUCATE ALME MOUNT GROSS TON JONNA - DEWON - DEVEN Some of the set I father Some is I se The second second second To down to Being Hall will have to Dow Annexation and The state of the s

FOR - STATE

REGISTRAR

	STA	TE	OF	MA	RYL	AND
PARTMENT	OF	HE	ALI	H A	ND	MER

D NTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

REGISTRAR'S SIGNATURE

1982

		CEASED NAME FIRST	N	NIDDLE	Ł.	AST	20. DATE OF DEATH MONTH DAY YEAR 26 HC					
8	(TYPE	Na than				Reding	11/1/98	32		2:04 Am		
	3 SE)	(4 RACE		S. DATE O	F BIRTH	6. AGE IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS		
1		male	white	9	1977	11/1914 YEAR	67	YRS	ONTHS DAYS	HOURS MIN.		
8.	7a BII	Contract of the contract of th	76 CITIZEN OF V	WHAT COUNTR	Y? 8	(9 BALTIMORE CITY O	COUNTY	OF DEATH			
35		Balt. Md.	USA		WIDOWE	NEVER MARRIED DIVORCED	Anno	runde:	l Co.	MD.		
4 1	10. CT	TY OR TOWN OF DEATH				ROTHER INSTITUTION	12a USUAL OCCUPATION	NC	126. KIND C	F BUSINESS OR		
15		Annapolis	Anne		L Gener	al Hosp.	cab driv		owner	,		
1	13a S	L RESIDENCE (IF NURSING HOME OR TATE 136 COUN		130 CITY OR TO		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS					
5	-	d. A.A	. Co.	Annapo.		YES XX NO	215B Farra	gut C	t.			
1	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM			mm of			
21		Aaron	MIDDLE	Red:	ing	Ida	WIDDLE		Osh	nerov		
		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	ADDRE	SS				
1	- ('	no		215-05-	-2014	Etah K.	Reding same	as 13	3e.			
		18 CAUSE OF DEATH (Enter an	y ane cause per l	line for (a), (b),	and (c).				APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH		
		PART I. DEATH WAS CAUSED	E CAUSE (a)	RESI	PIRATOR	Y FAILUR	6-		ACL			
		4960	DUE TO OR	AS A CONISEO	UENCE OF					Les III es		
	2.1	Conditions, if ony, which	DUE TO, OR	CHLOUIC	OBS 7	RUCTIVE PULHO	VARY DISCH	ISE	YEA	RS		
		gove rise to immediate cause (a), stating the)									
		underlying cause lost.		AS A CONSEQ	UENCE OF							
	114	PART 2 OTHER SIGNIFICANT C	ONIDITIONS CO	NITRIBUITING TO	O DE ATH BUT	NOT BELLIED TO THE TERM	NAL DISEASE OF COLU	VITA ON A CONTR	1.			
	Z	TAKE 2 OTTER SIGNIFICANT C	ONDITIONS <u>CO</u>	NIKIBUTING TO	J DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONL	JIIION GIVE	N IN PART I	,		
0	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WHIC	H OPERATION	WAS PERFORMED	20g AUTOPSY?	20b. IF YES.	WERE FINDIN	VGS USED		
7	IFIC						VEC D NOD	IN CERTIFY	ING CAUSES	OF DEATH?		
0	ERT	210 ACCIDENT WAS UNDERLYING	21b. TIME OF	INTITRY		21c HOW INJURY OCCURR	YES NO	YES		NO 🗌		
4		OR CONTRIBUTING CAUSE OF DEA		MONTH	DAY YEAR	THE HOW HAJOR! OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAI	RT TORPART 2)			
1	ICA	(IF EITHER NOTIFY MEDICAL EXAMINER)			19				En			
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE C	OF INJURY ET FACTORY, OFFICE	E, FARM ETC)	211. LOCATION STREET	CITY OR TO	VN	COUNTY	STATE		
		AT WORK AT WORK			STAN		Not	1	02	-		
		220.1 certify that (1) (this hospit	al) attended the	deceased from	MAK				9 04	that (I) (we) lost		
1		sow the eceased alve on abave (1) we) (did) (lid nat	view the bady o	after death	an, an	d that in my (our) opinian d	eath accurred on the do	te and haur	and from the	couses stated		
15		22b. SIGNATURE	711 -	4.1		PEGREE			22c. DATE	SIGNED		
			pun	Forther	de 1	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🗌	11-1-	-82		
		224 PHYSICIAN'S NAME LTYPE OF			-	22e ADDRESS	CT 1.11/2	A A	10			
		MWGood	MATH			104 FORBES	3/ ANNA	rouj l	10			
	23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)				NAME OF CE	METERY OR CREMATORY	Y 23d LOCATION CITY OF TOWN COUNTY STATE					
		Burial	11/2/	/82	Kneset	h Israel Cem	m Annapolis, Md.					

ADDRESS

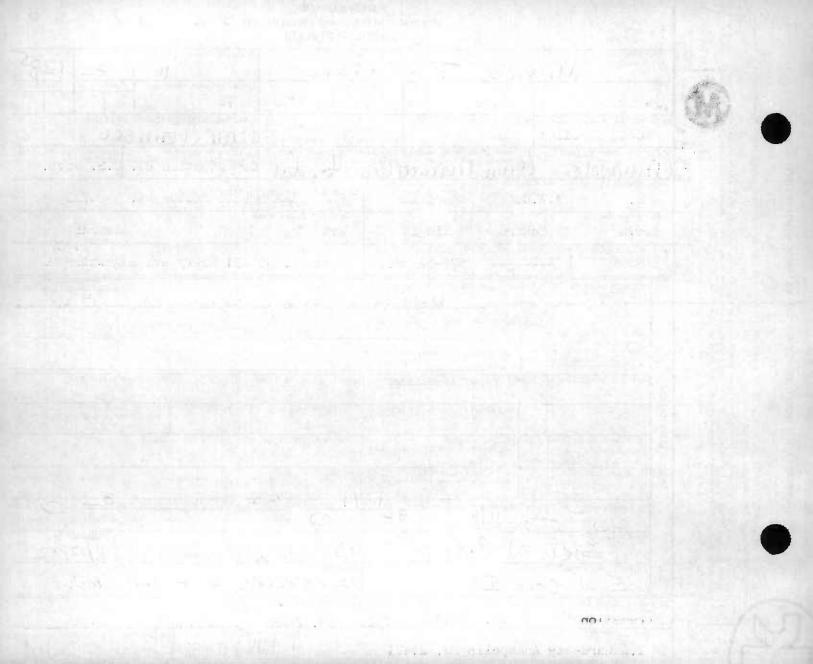
Hardesty Funeral Home 12 Ridgely Ave

DHMH - 16 50M 1/81 (VRA 15, 4)

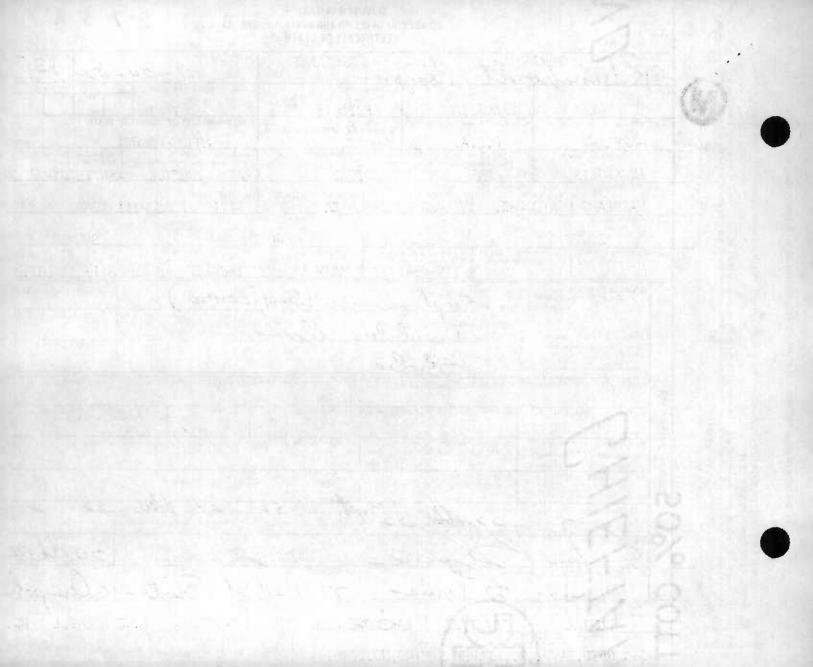
24 FUNERAL DIRECTOR

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8	- S1	ATE GISTRAR		DEPARTA		CATE OF D		REG. N	10.		
, th	I. DECEA	BENJA	AMINA	Bi.	vo an	RINEHA	RT	20. DATE OF DEATH		- 82	2b. HOUR
(A)	1.5EX	nungag	4. RACE	, Levy	5. DATE C	F BIRTH		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
THE STATE OF		MALE	CAUCAS	SIAN	AP	RIL 9.	1906		76 YRS.	NONTHS DAYS	HOURS MIN.
201	To BIRTH		Th CITIZEN OF	WHAT COUNTRY?	10	NEVERM		9. BALTIMORE CITY		OF DEATH	
S S S	M	ARYLAND	u.s.	Α.	WIDOWE		ORCED	ANNE	ARUNDI	FI	MD.
with with	IO. CITY	OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INSTI	ITUTION	12a USUAL OCCUPAT			BUSINESS OR
à garage		NNAPOLIS	ANNE	ARUNDEL	HOSP	ITAL		TRAIN DIRE		WASH TER	EMINAL CO
od be	USUAL R		TY	GIVE RESIDENCE BEFORE	N I	13d. INSIDE CIT	TY LIMITS?	13e STREET ADDRESS			
		ARYLAND MONTGO	DMERY	SILVER S	PRING		NO 🗌	11716 VI	ERS MI	LL ROAD	2090
d 2 s	14. FATHI		AIDDLE	LAST		15. MOTHER'S	FIRST	MIDDLE		LAST	
d w		SCOTT		RINEH			MADEL	INE	DEC.	SUMA	1ER
nd c	(YES	DECEASED EVER IN U.S. ARA NO OR UNKNOWN) (IF YES. GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SECU		17. INFORMAN					
on o	N	0		719-03-	1879	MARY		RINEHART	SAME		WIFE TATE INTERVAL NSET AND DEATH
en signed by the Then pleose rei or to buriol, crem rinjury, or other	P.A	ause (a), stating the inderlying couse lost. IRT 2 OTHER SIGNIFICANT C	ONDITIONS CO		DEATH BUT		3-3				
t permit iene pric	CERTIFICATION 130	DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	V WAS PERFOR	RMED	YES NO	IN CERTIF	, WERE FINDING YING CAUSES O	
s certificate puriol-transit Mental Hygi vi Item 18 sh	0.0	A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA IF EITHER NOTIFY MEDICAL EXAMINER!	TH HOUR A.	M. MONTH DA	YEAR			ED (ENTER NATURE OF INJ	URY IN ITEM 18 PA	ART I OR PART 2)	
s the bu	W W	HILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC }	21f LOCATIO STREET	2	CITY OR 1	OWN	COUNTY	STATE
R: Af	22	I certify that (I) (this hospit	all attended the	((1 1 .)	5	Al	. 19_52-	-, ta 27	Nev.	19_8-2-11	nat (1) (verlast
for of H	-	sow the deserted alive on, shower (I live) (did) (did not	view the body	ofter death.	5 2 or	d that in (my) ((our) opinion d	leoth occurred on the	date and hour	and from the co	ouses stated
AL DIRECTO letoched for ste Dept. of T. If Item 21	22	SIGNATURE	1	Som	e	DEGREE A' P	TTENDING PHYSICIAN [2	MEDICAL STA	AFF ICIAN []	24.	Mou 82
TO FUNERA should be de with the Stot	22	d. PHYSICIAN'S NAME LIVE OF	R PRINT B	Towne		22e ADDRESS	Wort	st. S.	inte -	210.0	mysoli
5 # X # X # X		IAL, CREMATION, REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION		COUNTY	STATE
3P	(SPE	BURIAL	10/27	7/82 L	AKEMO	WIT MEM.	GDNS	DAVIDSON		IE ARUND	
H - 16 50M 4/B2		NAME	CIS J. C	COLLINS			25g. PAT	REC'D. BY REGISTRA	P. 251 REGIST	RAR'S SIGNATIL	IRE .
(VRA 15, 4)	5	00 UNIV.BLVD.,	W., SILV	ER SPRIN	G, MD.	20901	310	4 7 9 100L	1000	- On a	



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1)	REGISTRAF			M		EXAMINE	R'S C	ERTIFICATE	OF DE	ATH	REG. N	0.			
	(TYPE OR PRINT)	-	FIRST		MIDDLE			LAST		20. DATE OF	KNOWN E	HTMOM	DAY	YEAR	2b HOUR
Ė,			homa.		Lee			ogeks,	Jr.		MATED	11	28	182	A M
STR	3. SEX	4 RAC		DATE OF BIRT		6. AGE (IN YEAR LAST BIRTHDAY			DER 24 HRS	PRONOUN	CED	MONTH	DAY	YEAR	2d. HOUR
NO.	M	-		June 6.		20 YRS	5.		17.00 %	DEAD	020	11	28	1982	AM
225	In BIRTHPLACE FOREIGN COUNT	(STATE OR RY)	76	CITIZEN OF	WHAT COUN	NTRY?	MARRIE	D NEVER MA	ARRIED X	9. BALTIM	ORE CITY O	OR COUN	TY OF D	EATH	
, WITHIN 72 HOURS IN PRESTION STREET,	Maryl				JSA		WIDOWI	ED L DIVO	DRCED		e A		del	_	MD.
A Yales	ID. CITY OR TOW	N OF DE.	ATH .	I. NAME OF HE	PACRITY, GIVES	IRSING HOME,	OR OTHE	RINSTITUTION	12a. US	MAL OCCUP	ATION (TYP	E OF WORK	12b. KIN	ID OF BUS	INESS
LOSE	glen !	OKA	112	NORI.	4 A.	KUN de	1.1.	Jospital	- EI	ectri	cians	Help			
RK	Illo. STATE		IRSING HOME OR O	THER INSTITUTION,	GIVE RESIDENCE	BEFORE ADMISSION	۷)	13d. INSIDE CITY LIMIT	C2 113e ST	REET ADDRE	ss				
野で	Maryla	nd	13b. COUNTY AA		Gle	rortown n Burnie	e	YES NO		85 Du	laney	Lane		2	1061
	14. FATHER'S NA	ME	A	AIDDLE		LAST		15. MOTHER'S MA		E	DDLE			467	
20	Thomas		Lee	E14.07	Ro	gers, Si	r.	Marjo	rie	Gue			Mitc	hell	
+1	160 WAS DECEA	SED EVER	IN U.S. ARMEL			CIAL SECURITY I		17. INFORMANT			ADDRESS				
1	No		(11 123, 5172 WAR	COR DATES	213	-84-281	9	Marjor	ie G.	Rogers	. Sam	ne as	13		
	> 18 CAUSI	OF DEA	TH (Enter anly a	ne cause per li	ne far (a), (b), and <u>(c).</u>)							APP	ROXIMATE	INV RVAL
2	PARTI	DEATH W	AS CAUSED BY	Y: 2.	neli	vle er	WUN	e/e S						EEN ON TE	E A
68	18	27		DUE TO C	OR AS A CON	SEQUENCE O	/			174					
ZEN Z			any, which immediate	(b)_									1		
28	cause	(a) stating	the under-	5	R AS A CON	NSEQUENCE OF	F								
22	lying	ause last.		(c)											
AL, CREMATION	PART 2 DTHE	R SIGNIFICAN	IT CONDITIONS CON	TRIBUTING TO DEAT	N BUT NOT RELA	TED TO THE TERMINA	AL DISEASE	DR CONDITION GIVEN I	N PART 1 (g),						
SE SE	O														
7	No DATE	OF OPER	ATION	19b. CON	DITION FOR	WHICH OPERAT	TIONWA	AS PERFORMED?	2112-1				20 AL	JTOPSY?	
PRIOR TO BURIAL,	THE LEWIS CO.												Y	ES 🗆	NO
0	TO DATE 19a DATE				OF INJURY	DAY YEAR	21c. HO	W INJURY OCCU	RRED (ENTER	NATURE OF INJ	JRY IN ITEM 18	PART I OR PA			
50	UNDERLY!	ITING	OR Cause of Dea		M. MONTH	19	Aut	on Auto	ACC	der	1				
E	21d. INJUR				E OF INJURY	(AT HOME,	21f. LOC	ATION	11	CITY OR TOW					-
	¥ WHILE AT WORK		WHILE ORK	H191	hWA	9	Ri	hie Al	char	A 9	/N	10	ACO		NO
1	220 100	ortify that	l taak charge a	the remains d	escribed ob-	wa hald an	Autops	lnsper	17	1	on on	11	7.0		10
1		ulted fran			Acciden*	Suici				7/		d in my a	pinian		
ARY	Jedin res	3	6		Accident	, SUICI	ioe L.J.	Hamicide	J' Unde	termined ma	nner [_],				
3	ACTUAL SIGNATUR	60	Luker	11.			44 7	TITLE (SPECIFY	9.			DATE	11	.25.	F2_
85	SIGNATUI	1	Theren	,	11		M.[- Just	MED	DICAL EXAM	INER	SIGNI	D		
Ž/	EXAMINER (TYPE OR F	S NAME	F.L.	whee	1+			DOBECC A	was B	olis	MI	,			
BALTIMORE, MARYLAND,	73a BURIAL CREA		REMOVAL 23h	DATE	230	NAME OF CEME	ETERY OR	CREMATORY	1234 10	OCATION	- 2				
	Buria		1	Dec 19		edar Hil			Ra	OCATION ORTOWN 1timor	Α.	AA	NTY	MD	TE
	24 FUNERAL DIF	ECTOR					1 00			Y REGISTRA			SIGNATU		»
	James	S. k	Kirkley.	, Glen	Burnie	MD.		M	W 30	1982	Start	und	?. Co.	hill	
)			J					7.7	, ,	1000	1/2				

Chews E 1. 1. The No. 12 1 Pine Menneth gion durare some chow ich who first and come - Joseph divine the times . Alborato Herricat. 4 weeds 14 J. Burnell 1. 1. 1. 1. 1. -47.74.10 Luciano de la Charles and market

Maria San La Salesan que de la Maria y en filla. with the war at the The A BA ATTENDED HELD HOUSENSED HOME MARKETON R. P. Low Robert S. S. W. W. Dear THE MES ALL ST. THE THE EST CONTRACT & LONG PROGRAMME AND SONE CARPAGE TOTAL CONTRACTOR OF THE STATE OF THE STATE OF THE CARPAGE AND CONTRACTOR OF THE CARPAGE

	1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HYC FICATE OF DEATH	REG. NO		.5 0
off off		CEASED NAME FIRST E OR PRINT) ARLENE		F. RUX	EFIN	20. DATE OF DEATH	MONTH DAY YEAR 11 28 82	9400
od all	3. SE	× F	4. RACE		of Birth	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR
100		IRTHPLACE (STATE OR FOREIGN COUNTRY)		~	ED ANEVER MARRIED		COUNTY OF DEATH	
B T	10. C	Michigan ITY OR TOWN OF DEATH	U.	HOSPITAL, NURSING HOME		Anne Arund	2b. KIND O	F BUSINESS O
155		Annapolis		Arundel Hosp.		Homemaker	WORKING LIFE) INDUSTRY	Thursday.
35		AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU		give residence before admission 13c. CITY OR TOWN Severna Park	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 115 Boon	e Trail	
Ox2	14. F	ATHER'S NAME FIRST Erling	WIDDLE	Andersen	15. MOTHER'S MAIDEN NA FIRST Florence	WIDDLE	Tripp	
medicol		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) NO	RMED FORCES?	370-16-9987	17. INFORMANT	ADDRES	e as #13.) 2	1146
other troumatic event, t		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gave rise to immediate cause io), stating the underlying cause lost.	DUE TO, OI	R AS A CONSEQUENCE OF	OF OU	BRY	BETWEEN	MATE INTERVAL PASET AND DEAT
shows any injury, or a	CERTIFICATION	PART 2. OTHER SIGNIFICANT		ONTRIBUTING TO DEATH BU		200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	IGS USED
or Item 18	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (18 ETHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WMILE NOT WHILE	HOUR A	M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCUR		Y IN ITEM 18 PART 1 OR PART 2)	STATE
m 21 is morked		22a.1 certify that (1) (the has saw the deceased alive o abave, (1) (we) (did 1) (did n	11/28/	82 19	ond that in (my) (aur) opinion	to 11/28	te and hour and from the c	
MPORTANT: # he		226. SIGNATURE 1226. PHYSICIAN'S NAME (TYPE		Pum du KINS	ATTENDING PHYSICIAN 228. ADDRESS	MEDICAL STAF	22c. DATE	28/87
with the		BURIAL, CREMATION, REMOVA (SPECIFY) Removal	11/29		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
50M 4/82	24. F	UNERAL DIRECTOR NAME Anatomy		ADDRESS	o., Md. 250. D	E BECID BY REGISTAR	A RECUSTRAR'S PIGNA	they

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	measure.	not be
BALL LAW IS 1-15 MAY		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN ESTI-(TYPE OR PRINT) OF SAGAWA MAYA DEATH MATED 4 RACE 3 SEX IF UNDER 1 YR. IF LINDER 24 HRS 2d HOUR DATE PRONOUNCED 4 30 M 11/29/82 DEAD Tema le Oren 12/01/53 b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED PINEVER MARRIED FOREIGN COUNTRY! U.S.A. Anne Arundel Japan DIVORCED 2 WIDOWED O CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

North Arundel none hone Glen Burnie Maryland Howard Columbia 13d. INSIDE CITY LIMITS? 9343 Wheatsheaf Way YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Kiichi Toshie Mikame Sagawa GIVE PACTE FORM F DIVISION ADDRESO TUMBIA. MC. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT IYES NO OR UNKNOWN) 269-54-3822 Kiichi Sagawa. 9343 Wheatsheaf Way CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c). BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, DI ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Self-inflicted gun shot wound 5 4 IMMEDIATE CAUSE (a) Sudden DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEN OF HEALTH AND MEN ORIAL, CREMATION, C lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BACTIMORE, MARYLAND, 21201 PRIQR-TO BORIAL, YES [NOX 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR 4:20 M. 11/29/82 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION Glen Burnie Mall COUNTY STATE NOT WHILE AT WORK Glen Burnie, Maryland AT WORK A.A. 220. I certify that I took charge of the remains described above, held an Autopsy Suicide X death resulted from: Homicide Undetermined manner TITLE (SPECIFY) ACTUAL A.A. CO. MEDICAL EXAMINER DATE 11/29/82 SIGNATURE 3 Chesapeake Ave., Annapolis, Md. EXAMINER'S NAME (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE Cremation Ft. Lincoln Crem. Brentwood, Maryland 12/1/82 Funeral Home 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** 1212 West Street, Annapolis. (VR A15 ME (5) 15M 2/80

Toshio ****** 269-5h-102 Klichi S gw. 92h2 Whoresheaft W Cremetics of 121/22 Ft. Lincoln Crems Secure on Advanced and by anoth Innancial Heat with the 1212 west Street, Amazonis, 18

FOR 1 - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	2 REG. 1	2.	7	8
1. DECEASED NAME FIRST (TYPE OR PRINT)	E. Scl	ERGER	20. DATE O	FDEATH	MONTH //	30	YEAR 82
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS LAST B	IRTHDAY]	IF UNDE	RIYEAR
FEMALE	WHITE	OCT 14 1904	^	78	YRS.	MONTHS	DAYS
UIII THE LACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED T NEVER MARRIED T	9 BALTIMO	RE CITY		Y OF DE	ATH

WIDOWED

TAL NURSING HOME OF OTHER

DIVORCED [

NO

15 MOTHER'S MAIDEN NAME

P. SCHERGER ANNAPOLIS MD 2140 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (IF YES, GIVE WAR OR DATES) BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE, FARM ETC.) STREET NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram_ saw the deceased alive on and that in (my) (our) opinion death occurred an the date and hour and fram the causes stated (ded not) view the bady after death

DEGREE

23c. NAME OF CEMETERY OR

12-2-82

CREMATION, REMOVAL

MEDICAL

DIRECTOR PHYSICIAN

ATTENDING PHYSICIAN

YES T

26. HOUR

HOURS

HRUNDEL

22c. DATE SIGNED

21407

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DHMH - 16 50M 1/81 (VRA 15, 4) 4. FATHER'S NAME

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SINGLETON FUNERAL HOME, GLEN BURNIE, MD

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME FIRST MIDDLE 24. DATE OF DEATH 2b, HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR HS DAYS 85 BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION

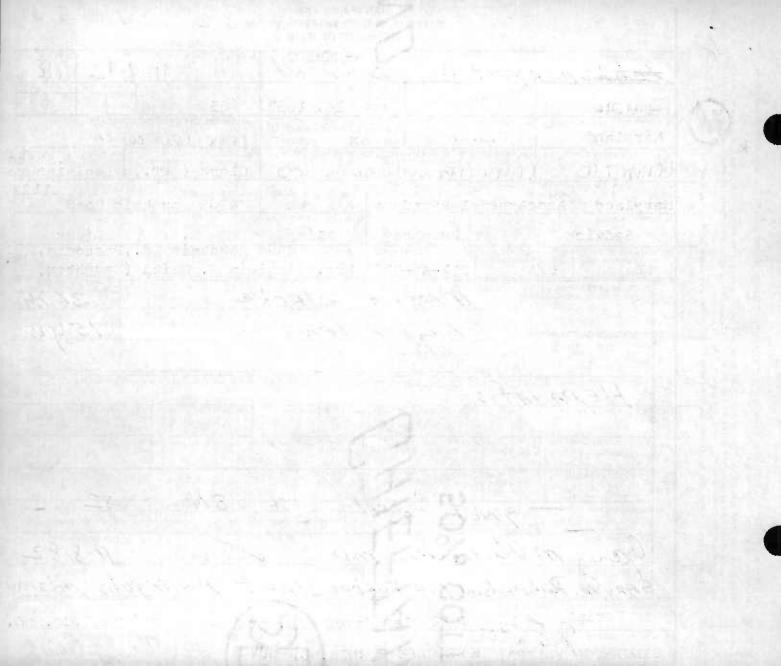
{TYPE OF WORK FOR MOST OF WORKING LIFE}

12b. KIND OF BUSINE
INDUSTRING . S Clerk (RET. Legislature 13e, STREET ADDRESS 4306 Mountain Road Rider 17 INFORMANT 4304 Mount PPRES Rd., Pasadena, Md 217-40-3362 Mrs. Virginia E. Smith (Daughter APPROXIMATE INTERVAL CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (apinian death accurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN Burial 10, NOV"82 Glen Haven Mem. Park Glen Burnie A.A.Co. Md. 24. FUNERAL DIRECTOR

STATE OF MARYLAND

DHMH - 16 50M 4/82 (VRA 15, 4)

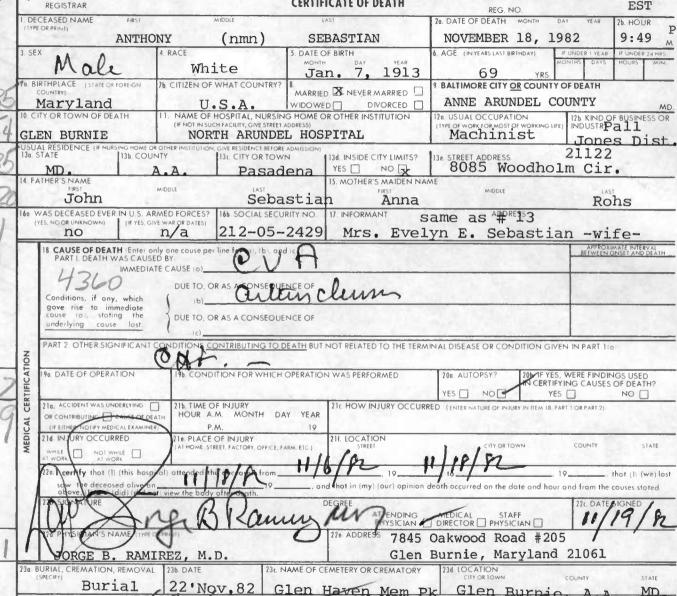
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	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE 8	2	2	7	8	5	5	
	CERTIFICATE OF DEATH		REG. N	40.			E	ST	
DDLE	LAST	DATE (DE DE ATH	MONTH	DAY	YEAD	24 110	2110	•



Glen Burnie

MD.

DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR

Singleton Funeral

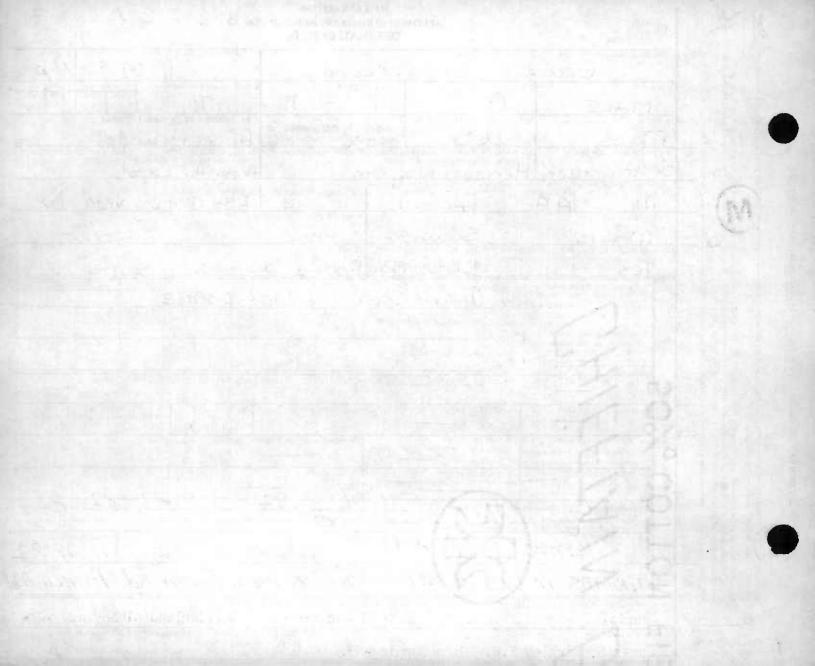
Ayn a lever lung 400 11/1/11/11/11/11/11 Carl Services 1417

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् हम् इ		REGISTRAR CEASED NAME FIRST OR PRINT)	MIDDLE	LAST		REG. NO 20. DATE OF DEATH	MONTH DAY	YEAR 2b HOUR	
t may be rr, page fter deat	3. SE	Jeorge	RACE	S. DATE OF BII		6. AGE (IN YEARS LAST BIR	11 21	REYEAR IF UNDER 24	M 4 HRS
Page 4	7a. BI	MALE RTHPLACE (STATE OR FOREIGN 78	D. CITIZEN OF WHAT COUN	MONTH UTRY? 8.	17 11	9 BALTIMORE CITY O	YRS.		
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M 34	13a. S	Md AA	Y 130. CITY OR	OLG NE	з□ ноХ		tury VIS	sta Dr	,
1,20	14 FA	THER'S NAME FIRST MI	Secus Secus		MOTHER'S MAIDEN NAM	E MIDDLE	Ler	LAST	
Pages Pages Audica		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL MAR OR DATES)	110	informant Ronald Se	addre	Sam	ne	1
physicin npoper movol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: (Ihran		uctive Lun	6 Diseas		APPROXIMATE INTERVA BETWEEN ONSET AND DE	AL EATH
tending re corbo on, or re umotic e		Conditions, if ony, which	DUE TO, OR AS A CONS	SEQUENCE OF					
y the ot se remov cremoti		gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	SEQUENCE OF					M.
signed then pleo to buriol, incry, are	Z	PART 2 OTHER SIGNIFICANT CO	nditions <u>Contributing</u>	G TO DEATH BUT NOT	T RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN F	PART lig	
hos been permit. The permit. The permit. The prior the prior the prior the permit the pe	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION W	AS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C	FINDINGS USED CAUSES OF DEATH	1?
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er this certif the buriol-t ond Mentol sed or them	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. (NJURY OCCURRED WHILE NOT WHILE	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O		LOCATION	CITY OR TO	wn col	DUNTY STA	ATE
DR: After Use os I Heolth o is mork		220.1 certify the (1) (this hospito	1) ottended the deceased f		19.82		27 19 8	-	e) lost
e hospite DIRECTC sched for Dept. of f tem 21		sow the deceased alive on obove. (If (we) (did) (did not) 22b. SIGNATURE	view the body offer death.	11 DEGI			22	rom the couses state	₽d
ERAL ERAL Stote detc	d	226 PHYSICIAN'S NAME (TYPE OR	PRINT)	220	PHYSICIAN ADDRESS	MEDICAL STAI	IAN D	n-28-8	12
TO FUNERAL should be de with the Stot	22.	THOMAS M		ND 2	269 Henins	ula FARI	o Kd.	HENOLD	M
SP		Burial, CREMATION, REMOVAL Burial	30 Nov. 82		Jacob Cem.			ny New yo	rk
	24 51	INIEDAL DIRECTOR		The same of the sa	25a DATE	DEC'D BY DECICEDAD	ACL DESCRIPTION OF C	CICALIATION	

James S. Kirkley F.H. Glen Burnie -MD.

DHMH - 16 50M 4/82

(VRA 15, 4)



1	FOR			DEPARTMENT OF	HEALTH	AND MENTAL H	TYGIENE	9	9	1 8	C	1
1'	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							-				
	DECEASED NA	ME FIRST		MIDDLE		LAST	20.	DATE KNOW	WN , MON	NTH DAY	YEAR	2b. HOUR
(TYPE OR PRINT)	Mike		1 0 000		`tanamh		OF EST			7 00	
3. 5	SEX	4 RACE	5. DATE OF BIRTH	Leroy	YEARS IF UN	Diegert DER TYR. IF UNDER			MON	JTH DAY	7 19 82 YEAR	2d HOUR
,	Male	White	June 29	YEAR LAST BIRTH	DAY) MONTH	S DAYS HOURS		DEAD				8:25A
	BIRTHPLACE		7b. CITIZEN OF WH		YRS.		0.5	BALTIMORE	CITY OR CO		7 19.87	M
1	FOREIGN COUNTR	tY)		,		ED NEVER MARR	IED 📗		_			
10	CITY OR TOW	land		S · A · PITAL, NURSING HOA	WIDOW			nne Ar	undel	Count	У,	MD.
1			(IF NOT IN SUCH FAI	CILITY, GIVE STREET ADDRESS)	EKINSTITUTION	FOR MOS	T OF WORKING LI	IFE)	0	or industr	RY
	lillers			3 Northbou			Resta	auran			arde	e's
130	STATE	13b. COUN	ITY	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS	(210			2nd
_	arylan		Arunde:	l Glen Bu	ırnie	YES NO 🔀	110	0 5th	Aven	ue S	· E •	fl
14.	FATHER'S NA		MIDDLE	LAST		15. MOTHER'S MAIDE	EN NAME	MIDDLE		-	tast .	
4	Howa	rd I	Daniel	Siege		Alice				Do	erin	g
160	YES, NO, OR UNK	SED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECUR		17. INFORMANT -				same		# 13
	Yes	1976	- 1980	219-76-1	870	Mrs. Ele	eanor	Marie	e Sie	gert	100	
Г	18 CAUSE	OF DEATH (Enter or	nly one couse per line	for (o), (b), and (c).)						A A	APPROXIMATE	INTERVAL
п	PARTI	DEATH WAS CAUSE	D BY: TE CAUSE (o)	Asphyxia						BEIN	WEEN ONSE	AND DEATH
1.	3 8	150		AS A CONSEQUENCE	OF							
113		tions, if ony, which										
	couse	rise to immediate (a) stating the <u>under</u>		AS A CONSEQUENCE	OF	August 1997						
	lying c	ouse lost.	(4)							0 3		
1	PARI 2 OINEJ	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH (OUT NOT RELATED TO THE TER	RMINAL DISEASE	OR CONDITION GIVEN IN PA	11 1 10					
1 3						The constitution of the first that the						
1 4	190. DATE	OF OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?				20	AUTOPSY?	
DE												
CERTIFICATION	210. EXTERI	NAL CAUSE WAS	21b. TIME OF		21c. HC	W INJURY OCCURRE	D (ENTERNATE	JRE OF INJURY IN	ITEM 18 PART 1 C		YES X	NO 🗌
		VG ROR		MONTH DAY YEA	AR							
MEDICAL	21d INJURY	TING CAUSE OF		FINJURY (ATHOME.	21f. LOC	river in au	u ro/ † [;	xea ob	Ject I	mpact		
1 2	WHILE	NOT WHILE		ORY, FARM, ETC.)	S	TREE1		TY OR TOWN		COUNTY		STATE
	AT WORK	AT WORK	str	POPT		3 Northbou	und, M	illers	ville,	A.A.	.co.,	Md.
	220. l ce	rtify that I took char	of the remains desi	ribge above, held on	Autors	y X, Inspection	n	Inquiry .	ond in m	y opinion		
1	death rest	ulted from:	rat fayers	freprin X) s	wicide	Homicide .	Undeterm	ined monner				
		11	V.	119.		TITLE (SPECIFY)						
1	SIGNATUR	1 1	Lowa	X/1/1/14	X M	Deputy Chi	i e fMEDICA	LEXAMINER	DA	GNED_	11/17	/82
1	FW	CALANT.		1	N							
4	EXAMINER (TYPE OR P	RINT) The	omas D. Sm	ith, M.D.		ADDRESS	I Penn	St.	Balto	., Md	1.	
230	BURIAL, CREW	AATION, REMOVAL	23b. DATE	23c. NAME OF CI	METERY OF	R CREMATORY	23d. LOCA	TION		COUNTY		ATE
	Bur	ial	20' Nov. 8	32 Loudon	Parl	k Cemeter	ry Ba	Itimo:	re,	LOGIST	M	Ď.
24	FUNERAL DIE	ECTOR /	hyllo Address	Glen	Burn	ie,	PEC'D. BY RE	GISTRAR TO	THE IRAN	"S SIGNAT	TURE -	-
13		leton F	meral Ho	me Mary		MUV	2319	82	alun.	St. (2)	Aug 1 4	4

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6		STATE OF MARYLAND	a		
-0	-	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 2 7 5 7			
	KIKXLI	REGISTRAR CERTIFICATE OF DEATH REG. NO.			
4	HILLIAM	I. DECEASED NAME FIRST MADDLE (TYPE OR PRINT) 20. DATE OF DEATH MONTH DAY YEAR 26 HC	DUR		
2	o o	EVELYN 11. SMITH 11 29 82	М		
E E	ar, p	3. SEX 4 RACE 5. DATE OF BIRTH MONTH DAY 10 AGE IN YEAR SLAST BIRTHDAY) MONTHS DAYS HOURS HOURS HOURS 1. DAYS HOURS	DER 24 HRS		
	Sirect	TO BIRTHPLACE ISTATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OF COUNTY OF DEATH			
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ا ا	with with	10 CRY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12. LIVE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 12. KIND OF BUSING 13. KIND OF BUSING 14. CRY OR TOWN OF DEATH 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17. LIVE OF WORK FOR MOST OF WORKING LIFE 17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17. LIVE OF WORK FOR MOST OF WORKING LIFE 17. LIVE OF WORK FOR MOST OF WORKING LIFE 17. LIVE OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WORK	NESS OR		
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AND 21	- 0	TUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE A ESDENCE BEFORE ADMISSION) 136. STATE 1 136. COONTY 137. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS TAYLOR HVE	1401		
MARYL,	mpletely ond 2 sh	THE FATHER MIDDLE DELOST LAST SHEET STATE FIRST MAIDEN NAME PRESENTED TO THE DELOST	4		
ORE,	Poges I	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT 105 PORES COAR RIDGE	CT.		
BALTIMORE,	s. Pog	NO - HI18 1908 NOAW DUNTON ANNAPOLIS MD 2140			
BAL	ysicio oper oval. nt, th	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY.	TERVAL ND DEATH		
ST.,	banp remo	IMMEDIATE CAUSE (0) Cardis pulmonary ares			
PRESTON he death of	e cor in, or	Conditions, if only, which (1b) Congestive heart furte			
PRES	e off motic	gove rise to immediate			
₹ 5	by the	couse 10, stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF Conserval the Conservation that Conservation the Conservation the Conservation that Conservation the Conservation the Conservation that Conservation the Conservation that Conservation the Conservation that Conservation the Conservation that Conservation the Conservation the Conservation that Conservation the Conservation t			
, 201	n pled Duria	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)			
RDS	Ther The rr ta b	E F+ Pubit vami - C.O.P.D.			
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	0 - 0 0	YES NO YES NO			
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NO YSIC	iding p ins certifications buriolism Mental or Item	OR CONTRIBUTING DE CAUSE OF DEATH JIF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 1 919 STREET CITY OR TOWN COUNTY WHILE CONTINUED AND MAILE CONTINUED AN			
DIVISION OF VITAL	of the the and and ked o	WHILE AT WORK	STATE		
<u>a</u> x	or or se as se as se alth	220.1 certify that (I) (this haspital) attended the deceased from 11/9 19 8- to 11/29 19 8- that (I)	(we) lost		
N. S.	pritol for u of H	saw the deceased alive an obove (we) (did) aid not view the body after death.	stoted		
	DIRECTOR DEPT.	276. SIGNATURE DEGREE 276. DATE SIGNE			
¥	y the	Attending MEDICAL STAFF 11/30/1	82		
HOSPI	od be d be Si he Si	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS			
0	retoined by the TO FUNERAL Is should be deta with the Store IMPORTANT: If	Hiller C. Egloff MD 25 Show ST. Annaguis	me.		
_		236 BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION TY OR TOWN	915		
	BP	DURIAU 12-1-82 CEDAR DUUFF EM. HOWARDLIS 19.H	TP		
	H - 16 50M 7/77 VR A 15 (4))	TAKOR JUNCES CHAPE HAVERSONS MD DEC 2 1982 John & Collins	*		

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 2

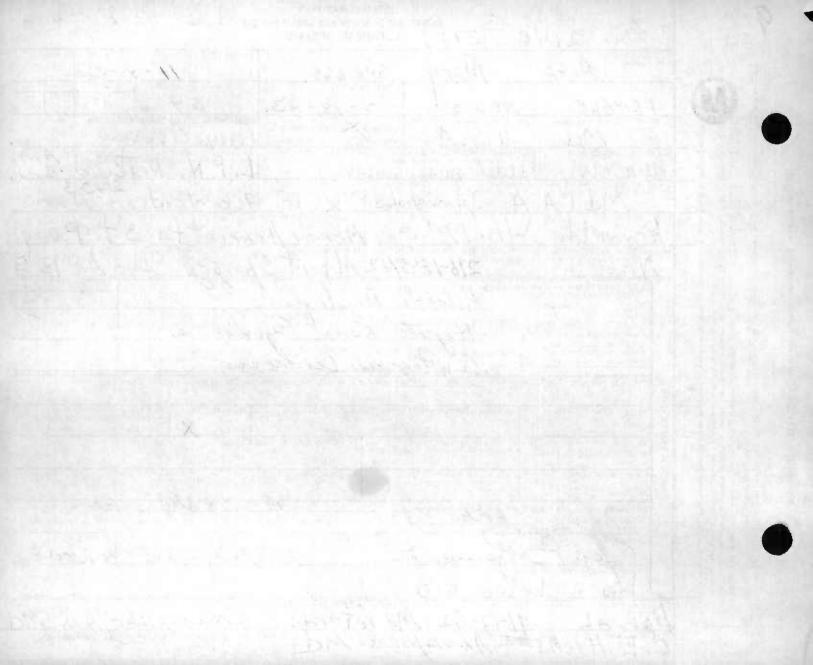
	- STATE REGISTRAR				CERTIFICATE OF DEATH							
		DECEASED NAME FRS1 (TYPE OR PRINT) Kater		MIDDLE LAS				DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR	
				.ne	Bertha	2	SMITH	I	November	6,	1982	M
	Female Whit			Whit	е	Jan	DAY YEAR		AGE (IN YEARS LAST BIR		FUNDER TYEAR	IF UNDER 24 HRS
j.	Je B	IRTHPLACE (STATE	OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8		_ 9	BALTIMORE CITY O		OF DEATH	
Š.	N	Maryland		U.S	. A .	WIDOWE	D NEVER MARRIED !		Anne A	runde	1	MD.
4	G1	ity or town of t Len Burn	ie	Nort.	h Arunde	el Ho	ospita1		TYPE OF WORK FOR MOST OF HOMEMA	F WORKING LIFE	- INDUSTRY	of BUSINESS OR Home
E	Ma	AL RESIDENCE (IFN STATE Aryland	136 COUNT		GIVE RESIDENCE BEFORE 130. CITY OR TOW Pasade1	N	138. INSIDE CITY LIMITS:		e. STREET ADDRESS	ookfi		1122 oad
20		Daniel			Vogelsar		Berth	ıa	WIDDIE		Borkma	
		VAS DECEASED EV YES NO OR UNKNOWN) NO		WAR OR DATES)	212.14		17. INFORMANT Da Kathleen	ugh	nter ADDRE Shires	404	6 Haze	
		HIDD	I WAS CAUSED IMMEDIATE	CAUSE (o)	line for (0), (b), one	rde	il my	la	retin	,	APPROXU BETWEEN C	MATEINTERVAL DNSW AND DEATH
			immediate oring the use lost	(c)	AS A CONSEQUE		NOT RELATED TO THE TE	ERMINA	AL DISE ASE OR CON	DITION GIVE	N IN PART 110	
	ō			a	cabe	cabeter melletus - 3 was					eks	
9	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION			ION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO			OF DEATH?
7		210. ACCIDENT WAS I OR CONTRIBUTING (IF EITHER NOTIFY M	CAUSE OF DEATH	21b. TIME OF HOUR A./	A. MONTH DA	Y YEAR	21c. HOW INJURY OCC	URRED	ENTER NATURE OF INJUI	RY IN ITEM 18 PAI	RT I OR PART 2)	
	MEDICAL	21d INJURY OCCU	URRED WHILE WORK	21e. PLACE (OF INJURY SET, FACTORY, OFFICE, FA	ARM ETC)	21f. LOCATION STREET		emoning		COUNTY	STATE
		obove, (1) (we	(I) (this hospito osed olive on_) (did) (did not)	101	12 198	2 , on	d that in (my) (our) opinion	ion deat	, to th occurred on the do	te and hour		that (1) (we) lost couses stated
		276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN						22c. DATE	7/85			
			dall M		alin, M	ÍD	Pasade	ena	, Maryla	ınd		
	(BURIAL, CREMATIO (SPECIFY) Buri	al N	23b. DATE OV. 9, 1			EMETERY OR CREMATOR [aven Mem]	Pk	23d LOCATION CITY OF TOWN Glen Bu	rnie	COUNTY	STATE
		ngleton	1112	ral Ho	me, Gler	Bur	1 1 1 (OV S	9 1982	water and the second second	ANTS SIGNATION	will

DHMH - 16 50M 1/B? (VRA 15, 4)

	1,	FOR STATE	t	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG	IENE 8 2	2 7	3 6 1
	L	REGISTRAR			ICATE OF DEATH	REG. N		
n.e		CEASED NAME FIRST	MIDDLE	0	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
500		LULA	#.	2 MI	+4	4.405		85 11:55 VW
NOW!	3. SE		4. RACE	S. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS	RIYEAR IF UNDER 24 HRS DAYS MOURS MIN.
11/2	7a. B	EMOLE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.		9. BALTIMORE CITY		ATH
TER	3	COUNTRY	IISA	WIDOWE	NEVER MARRIED DO DIVORCED	Anne	0	del MD.
1 3	10.0	ITY OR TOWN OF DEATH	M. NAME OF HOSPITAL		ROTHER INSTITUTION	12a USUAL OCCUPAT		KIND OF BUSINESS OR
		Innapolis	Hnne Hr	undel	General	Retire	9 H	cme Market
BI	130.	AL RESIDENCE (IF NURSING HOME STATE 13b, CO	THAT'S CITY	OR TOWN	136. INSIDE CITY LIMITS?	130. STREET ADDRESS	0.1. +	0121403
1	14. F	ATHER'S NAME		Japollo	15. MOTHER'S MAIDEN NAM		Sideni	Street
# Z	1	Henry	MIDDLE	LAST A	FIRST	WIDDLE	C	barch
D F F	16a. \	WAS DECEASED EVER IN U.S.		IAL SECURITY NO.	17 INFORMANT	ADDRI	SS SO b	neas
8		(IF YES,	GIVE WAR OR DATES)	241780	Howard	L. Smith	1	13
yasco de la la d. Re		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	r only one couse per fine for to	Lbi, and icia	1	1.		APPROXIMATE INTERVAL
9000	1		DIATE CAUSE (o)	Sulla	n such	7.		
corb corb r, or nette		7019	DUE TO, OR AS A CO	INSEQUENCE OF				
and		Conditions, if any, which gave rise to immediate	(b)					
4 5 5 5 5		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CO	NSEQUENCE OF			Service de la constante de la	
pleo y o		PART & OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN F	PART 110
The state of	No.	Musertesi	in Adem	O Cer-k	ma			
Prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	WASPERFORMED	200 AUTOPSY?		FINDINGS USED CAUSES OF DEATH?
F 1 1 1 2	I E		1 1 1 1			YES NO	YES 🗌	NO 🗆
1 1 1 1 1 C	6	OR CONTRIBUTING CAUSE OF	time!	NTH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)
Age of the state o	MEDICAL	THE ETHER HOTEY MEDICALESANI THE INJURY OCCURRED		19	211 LOCATION			
d d d	AE	WHILE OF NOT WHILE O	216. PLACE OF INJURY (AT HOME, STREET, FACTOR		STREET	CITY OR TO	wn co	UNTY STATE
olfh.			unital) attended the decease	d from	107 10 77	in Drug	2411 10	, that (I) (we) last
8 # 8 12 # 8			ospital) ottended the decease on 5008 body ofter dear	0 110111	d that in (my) our) apinian o	death occurred on the d	ate and hour and fi	- C
P F F F	1.5	27h SIGN (The	body ofter deat	th.	DEGREE		22	C. DATE SIGNED
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2213	73a.	BURIAL, EREMATION, REMOV	AL 235. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	236. LOCATION	de la constantina	D - State
		Dirial	Nov. 8,198.	2 Ced	ar Bluff V	Hnnap		H. MD
16 50M 4/82	24. F	UNERAL DIRECTOR	1 2 6	ADDAES	1- m.1 1	E REC'D. BY REGISTRAN	1. /	SIGNATURALLY
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a.	1	STATE OF MARYLAND
7	11.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF A STATE
		REGISTRAR 2/403(Z/p) CERTIFICATE OF DEATH REG. NO.
		CEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
3 7 E	(TYP)	ORPRINT) BUTH MATY SPRIGGS 10-8-82
	3. SE	
5 BM3	1	MONTH DAY YEAR MONTHS DAYS HOURS MIN.
7.	1	
10 10 M		RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
1 8	4_	MIDOWED DIVORCED CHILL CLEWED M
1 11 1/	V	TY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
1 D	LU	Maroin Pelle Christol Courtos. It. T. N. Refred Se
d in be	USU 130	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TATE 136 CRUNTY 136 CRUNTY 130 CITY OR TOWN 138 INSIDE CITY LIMITS? 139 STREET ADDRESS 2140 3
tilled by the state of the stat		MC A.A. ANNAPOLIS YES NO D 408 WINDSOF HVE
ely S sh	14. F	THER'S NAME 15. MOTHER'S MAIDEN NAME
dp //6/	1 1	Terreth WhiPPLE MATION HENRIETTA STEPNEY
- e - e	160	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
Pages of medica	((IF YES, GIVE WAR OR DATES) TO 11-10-5-167 ALL TO TO STATE AND
0 000		ADDROVINATE INTEGRAL
physicis npapers maval.		18 CAUSE OF DEATH (Enter only one cause per ling far 101, 11), and (c). PART I. DEATH WAS CAUSED BY:
ng physi bon pap remava c event,		IMMEDIATE CAUSE (0) PUROULE CELEBORE
i i de ra cit		5 715 DUE TO, OR AS A CONSEQUENCE OF
death apve co otion, s rrouma		Conditions, if any, which ((b) House - Level works
a a E O ±		gove rise to immediate cause (a), stating the DUE TO, OR A A CONSEQUENCE OF
by the		underlying cause last. (a) (1111 BEQUILE) Centrons
ned b pleas urial,		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
quire sign sign fhen p to bu	N	
been mit. I prior ony ir	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED
Ws ws	일	YES NOX YES NO
The icio	= =	21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
PHYSICIAN: The ending physicic this certificate to burial-transit and Mental Hygic dor from 18 should be the month of the	/	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION
1 6 6 - 4	8	LAT HOME STREET FACTORY OFFICE FARM FTC) STREET CITY OR TOWN COUNTY STATE
	1	WHILE NOT WHILE AT WORK
ENDING ol or o OR: Afr use os Health is mor		220.1 certify that (I) (this haspital) attended the deceased from
F = P a = T		saw the deceased alive an 8 Nav 19 82, and that in (my) (and opinion death occurred an the date and hour and from the causes stated
OR ATTEN or hospital DIRECTOR ached for a Dept. of H		abave, (1) (wer) disk (did not) in the body other death. DEGREE 22c. DATE SIGNED
0 . 0 0 .		ATTENDING MEDICAL STAFF - A MALE
RAL det	-	THE PHYSICIAN'S NAME ITTE OF PHYSICIAN P
HOSPITAL FUNERAL FUNERAL Sold be deto th the Store of		274 ADDRESS
- 2 - 2 - 2		JON B. LOWE IND
0 fo 0 ft w W	234	BURIAL, CREMATION, REMOVAL 23b. DATE TO VAME OF CEMERERY OF CREMATORY THE DESCRIPTION OF COUNTY A STANDARD OF CEMERERY OF CREMATORY TO STANDARD OF COUNTY A STANDARD OF CEMERERY OF CREMATORY TO STANDARD OF COUNTY A STANDARD OF CEMERERY OF CREMATORY TO STANDARD OF CEMERERY OF CREMATORY TO STANDARD OF CEMERERY OF CREMATORY TO STANDARD OF CEMERERY OF CEMERERY OF CREMATORY TO STANDARD OF CEMERERY OF CEME
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	24 F	UNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAP CHI DEBUTH ARE SHOWN AND AND AND AND AND AND AND AND AND AN
DHMH - 16 50M 4/82	1	HICKSTL ANNEROUS - MO NOV 181982
(VRA 15, 4)		



DIVISION OF VITAL RECORDS

STATE OF MARYLAND

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BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any

Anatomy Board

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ı	REGISTRAR		CERTIFICATE OF	DEATH	REG. N	0.	
	1. DECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH DAY YEAR	26. HOUR
-	Charl	les M	Slear	INS	11/25/11	82	3 311 M
1	3. SEX	4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEA MONTHS DAY	
ı	Male	White	8 1	20	6	2 YRS.	
4	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVE	R MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH	25 = M = 1 X M
2	Connecticut	U.S.	WIDOWED	DIVORCED		undel County	
5	10 CITY OR TOWN OF DEATH Annapolis	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACHITY, GIVE STREE Anne Arunde	1 Gen. Hosp		17th USUAL OCCUPATION OF CIVIL Ser	F WORKING LIFE) INDUSTR	O OF BUSINESS OR
1	ISUAL RESIDENCE (IF NURSING HOME OF 130. STATE Md.		WN 13d. INSIDI	CITY LIMITS?	13e STREET ADDRESS 4903 E. Ch	nalk Point E	Rđ.
	14. FATHER'S NAME FIRST Myron	MIDDLE LAST Stearns		R'S MAIDEN NAM elen	AE MIDDLE	Gibbor	LAST NS
1	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFOR	MANT	ADDRE	SS	Central District
1	Yes WWI		5805 Mrs.	Carolin	e Stearns	(Same as #]	L3.)
	PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), o ED BY; TE CAUSE (o) AN CI DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	JENCE OF	HEAD) TNEC	AC BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
-	PART 2. OTHER SIGNIFICANT (19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO			NAL DISEASE OR CON	DITION GIVEN IN PART	
	TIFIC				YES NO	IN CERTIFYING CAUS	NO
The second	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ON CONTRIBUTING AUSE OF DEA	HOUR A.M. MONTH E P.M. 21e PLACE OF INJURY	DAY YEAR 19		ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART T OR PART 2	STATE
١	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE,	FARM, ETC) SIP	et i	CHIORIC		STATE
	sow the deceased alive on	ital) attended the deceased from, 11/24/82 19 10) view the body after death.		19	leath accurred on the d	ote and hour and from t	, that (I) (we) lost the causes stated
	STANLEY,	PWATK			MEDICAL STA	A	TESIGNED 1/25/82
	THE PHYSICIAN'S NAME (1995)	Johnin	22e ADDI	RESS			
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	23b. DATE 23c 11/26/82	NAME OF CEMETERY C	PR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	24 FUNERAL DIRECTOR	ADDRESS	Querra alle	MO	V 30 1982	256 AGISTRAR'S SIGN	ATURE .
	Anatomy H	Board	Balto., Mo	I. NU	10 20 1305	12 moto	man &

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STATE OF MARYLAND

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3	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2 2 7 8 6 6
desp 3	(TYPE	CEASED NAME FIRST OR PRINT) MA-4	E SUNdu-LAND	26. DATE OF DEATH MONTH OAY YEAR 26. HOUR 27 87 734 16 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HBS.
M	3. SE	emale	white of Birth of 1892	YRS. MONTHS DAYS HOURS MIN.
1 35	70. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH ACC. ACCORD M
100	1	OTONO DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT INSUCHACILITY, GIVE STREET ADDRESS)	120. USUAL OCCUPATION 120. KIND OF BUSINESS OF (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
er mod be	130.	AL RESIDENCE (IF NURSING HOME O	134 CITY OR TOWN 134 INSIDE CITY LIMITS?	130 STREET ADDRESS GROUNDOKAN 20711
TE 7	IA. FA	THER'S NAME	MDDLE SUNDAY 15. MOTHER'S MAIDEN NA	WOODE STOOM
s. Pages 1 and camp		VAS DECEASED EVER (NU.S. AR res, no or unknown) Yes, giv	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT WAR OR DATES) 108 SOCIAL SECURITY NO. 17 INFORMANT	sheper some which
by the attending physici sse remove carbon paper , cremotion, or removal. ather traumatic event, th		Conditions, if any, which gove rise to immediate cause (a), stating the	DBY: DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH THE
Then please r ta burial, c injury, ar at	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	
ws any	FICAT	198. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? NO IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
burial-transit pe Mental Hygiene ar Item 18 shaws	ICAL CERTI	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	T HOUSE A M. MONTH BANK MEAD !	RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
and and ked	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN COUNTY STATE
for us		saw the deceated alive or	tol) attended the deceased from 19 2 , and that in (my) (arr) opinion (n) view the body after death.	death accurred an the date and hour and from the causes stated
State Dept.		Willia	m H Clirate, MD, ATTENDING PHYSICIAN [PEDICAL STAFF DIRECTOR PHYSICIAN
should be with the Str		224. PHYSICIAN'S NAME (TYPE O	PRPRINT) 22e ADDRESS	

DHMH - 16 25M

(VR A 15 (4)) 9/74

230 BURIAL, CREMATION, REMOVAL

23b. DATE

FURNOR OR HORESS

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OF TOWN

21/109/10-17 - D Roman - Series A and the state of t The state of the s No more than the state of the s

	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE 8 2	d by
			CERTIFICATE OF DEATH	REG. NO.	EST
	ECEASED NAME FIRST PE OR PRINT)	WIDDLE	LAST	26 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
	MARIE	J.	SUWALSKI	NOVEMBER 28, 1982	8:14 au
3. SI	female	white	5. DATE OF BIRTH 2 11 YEAR 3	6. AGE (IN YEARS LAST BIRTHDAY) FUNI MONTH	DER YEAR IF UNDER 24 HRS
35	SIRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED ☐ NEVER MARRIED 🕱 WIDOWED ☐ DIVORCED ☐	9 BALTIMORE CITY OR COUNTY OF D ANNE ARUNDEL COUNT	
111	EN BURNIE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NORTH ARUNDEL H	IG HOME OR OTHER INSTITUTION ADDRESS)		b. KIND OF BUSINESS OR IDUSTRY Apt. Bldg.
35 USL 130.	STATE 136 COUN	other institution give residence before ITY R. CITY OR TOW Pasade:		940 Pier Point	Drive
14. F	ATHER'S NAME	ANDOLE LASS	15. MOTHER'S MAIDEN NA	AME	
20	Stephen	J. Suwals	ki Philomen	MIDDLE	R'Dulje
	(YES, NO OR UNKNOWN) (IF YES GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES 219-32	rity no. 17 informant -1229 Louise Ca	Päsädena,Md. ssell 940 Pier P	
CERTIFICATION	190 DAJE OF OPERATION	196 CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED S WERD WALL	YES NO YES T	RE FINDINGS USED CAUSES OF DEATH?
	23g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I O	PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE F.	211 LOCATION	CITY OR TOWN	OUNIY STATE
	220. I certify that (1) (this hospit saw the deceased alive on above, (1) (we) (dray (did not 22b. SIGNATURE)	(a) ottended the deceosed from [19]	DEGREE	death occurred on the date and hour and	from the couses stoted 22c. DATE SIGNED 11-28-82
	22d. PHYSICIAN'S NAME (TYPE O	R PRINT	22e ADDRESS 7575	RITCHIE HIGHWAY, S.I	€.
1	PAUL M. ROSOFF	, M.D.	GLEN BURNIE	, MD. 21061	
		236. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
230.	BURIAL, CREMATION, REMOVAL (SPECIFY) burial	12/2/82 No	ew Cathedral Ce	m. Baltimore cou	NTY STATE

. ner.3ca Proller ordered and the state of the st atta in J. duwalasi Philomana 21125 21125 non 219-32-1229 lonina Campall 950 iliri ioing us. percentage and Introduced to the State Latered Dec. J. Conce 24. South Missing Awy 21225 DEC1-882 Sec. S. Carly

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FOR

STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		D.AMP	

L	REGIOTRAR							REG. N	0.	1	EST
	DECEASED NAME	FIRST		MIDDLE	l.	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
L		THOMAS	3	Edward	SWAI	NHART,	SR.	NOVEMBER	15,	1982	5:25 P
I	I. SEX		4. RACE		5. DATE C			6 AGE (IN YEARS LAST BI	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
L	Male		Whit	:e	Jul	y 10,1	931	51	YRS.	MONTHS DAYS	HOURS MIN.
ł	a. BIRTHPLACE (STATE OF		76. CITIZEN OF	WHAT COUNTRY?	8	NEVER M	APPIED [9 BALTIMORE CITY	R COUNT	Y OF DEATH	
1	Pennsylva	nia	U.S.A	٠.	WIDOWE		ORCED	ANNE ARUN	DEL C		MD
-	GLEN BURNI	E	NORTH	HOSPITAL, NURSIN HFACILITY, GIVE STREET A ARUNDEL	HOSP		TUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Supervis	RET.)	IFE) 126 KIND O INDUSTRY Balt	F BUSINESSION ATT
	USUAL RESIDENCE (IF NUI 130. STATE Maryland	13b. COUN A • A •	TY	GIVE RESIDENCE BEFORE 13t. CITY OR TOWI GlenBu	N	13d. INSIDE CI	IY LIMITS?	130. STREET ADDRESS 405 Nev	Jer	sey Av	21061 Tenue
1	4. FATHER'S NAME Edward	Gô	rdon	Swanha	rt	15. MOTHER'S Milc		MIDDLE			irad
	(YES NO OR UNKNOWN)	Kore	war or Dates)		2108			K. Swanha	ssSam urt (me as # (wife)	13
	18. CAUSE OF DEA PART I. DEATH V	y, which		R AS A CONSEQUE		nen	mpl	ngen.	₹ •	BETWEEN O	IMATE INTERVAL ONSET AND DEATH
	gove rise to in couse (o), stati underlying cous	ing the	(c)	R AS A CONSEQUE							
	PART 2. OTHER SIG	SNIFICANTO	onditions <u>cc</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED	O THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 110	31
	190 DATE OF OPERA	190 DATE OF OPERATION 196 CONDITI			r which operation was performed			200 AUTOPSY?	IN CERT	S, WERE FINDIN IFYING CAUSES ES []	
		CAUSE OF DEAT		OF INJURY A.M. MONTH DAY YEAR P.M. 19		21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18.		PART 1 OR PART 2)			
	VI (IF EITHER NOTIFY MED 21d. INJURY OCCUP WHILE NOT WAT WORK AT WORK	VHILE	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE FA	ARM, ETC)	21f LOCATIO STREET	7	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (1	l) (this hospite	ol) ottended the	deceased from_	10-	- 26	19 52	=. to	15	1982	that (1) (we) lost

TO FUNERAL DIRECTOR: After this certificate has been should be detoched for use as the with the State Dept. of Health and MPORTANT: If Hem 21 is etoined by the hospital BP. DHMH - 16 50M 1/81 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 18 NOV'82

226. PHYSICIAN'S NAME (TYPE OF PRINT)

sow the deceased alive on above, (1) (we) (did) (did not) view the body after death

22b. SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY Glen Haven Mem.Pk

ATTENDING

23d LOCATION
Gity OR TOWN
Burnie A.A.

Baltimore-Annapolis Blvd.

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

MEDICAL STAFF
DIRECTOR | PHYSICIAN |

Glen Burnie, Maryland 21061

MEDICAL

24 FUNERAL DIRECTOR SINGLETON FUNERAL HOME, GLEN BURNIE, MD.

SAWHNEY, M.D.

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		-7,0-5			

5		FOR STATE REGISTRAR	Q.E	PARTMENT OF CERTI	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2 2	7 8 6 9		
oy be deoth		CEASED NAME FIRST	Earl MIDDIL	Swau SW ₂	GER HG-BR OF BIRTH	11 9	200 U000M		
36 4 m		Male	W White	S. DATE			IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.		
deoth. P		RTHPLACE (STATE OR FOREIGN COUNTRY) Marvland	76 CITIZEN OF WHAT COU	MARRI WIDOW	ED X NEVER MARRIED DIVORCED DI	Anne Arundel	OF DEATH MD.		
by a filed		Annapolis	11. NAME OF HOSPITAL, P (IF NOT IN SUCH FACTLITY GIV Anne Arunde	1 Genera	1 Hospital	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Plumber	126. KIND OF BUSINESS OR		
completely filled in brands of samples of the filed of samples of	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN AA	TY 13c. CITY O	RTOWN		13e. STREET ADDRESS 917 Reese Road	21144		
ompletely ond 2 s		Samuel	Swau	aer	15 MOTHER'S MAIDEN NAM	MIDDLE	Livengood		
on ond c			MED FORCES? 166 SOCIA	L SECURITY NO.	Wife, same	e as 13			
h certificate ding physici orbonpoper or removal.	SAC SO	18 CAUSE OF DEATH (Enter only one couse per line for 10 1/15), and ICU PART I. DEATH WAS CAUSED BY: 5000 IMMEDIATE CAUSE (a) DUE TO, OR A A CONSEQUENCE OF							
of the deot	NO	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	, V a	mphy	pery	co O	30 year		
equires the signed I Then pleo		PART 2 OTHER SIGNIFICANT C	(c)ONDITIONS CONTRIBUTION	IG TO DEATH BU	T NO CRELATED TO THE TERMI	NAL DISEASE OR CONDITION GIVE	N IN PART 118		
N: The low reyston. cote hos beer onsit permit. Hygiene prior R shows ony i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY? 20b IF YES, IN CERTIFY YES NOW YES	WERE FINDINGS USED ING CAUSES OF DEATH?		
tySICIAN: ding physics ss certificat burial-trans Mental Hyg		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		H DAY YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM 18, PAI	RT 1 OR PART 2)		
NG PHYS ottendir fter this os the bu th ond M orked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE		
ATTENDI spitol or CTOR: A J for use of Heol		220.1 certify that (1) this hospit sow the deceosed olive on obove, (1) (we) (did) (did not	11.8		nd that i (my) our) opinion d	eoth occurred on the dote and hour	ond from the couses stated		
SPITAL OR de by the ho NERAL DIRE be detochece Stote Dept TANT: If Item		226. SIGNATURE 6	Elulabor	M		MÉDICAL STAFF DIRECTOR PHYSICIAN	11-9.82		
retoined by TO FUNERA should be de with the Stot		PRIBN SC	HILDER		25 SHAW	ST ANNA	POUS MD2140		
BP	(URIAL, CREMATION, REMOVAL SPECIFY) Burial	13 Nov. 82		emetery or crematory ven Mem. Pk.	23d LOCATION CITY OR TOWN Glen Burnie,	AA, Md.		
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FL	James S. Kirkle			2 NOV	REC'D. BY REGISTRAR 25 PEGISTR	AR'S SIGNATURE J. Cohney		

The special property of the second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE 1. DECEASED NAME 26. HOUR 6;59 20 DATE KNOWN TYPE OR PRINT OF ESTI-TONGUE JOSEPH ELI DEATH MATED 11/20/82 2d HOUR 3 SEX 4 RACE 5 DATE OF BIRTH A AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE E 5 FOR YOUR D, WITHIN 72 H W. PRESTON ST YEAR LAST BIRTHDAY) 8:00 PRONOUNCED 11/20/82 DEAD A M 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. ANNE ARUNDET DIVORCED WIDOWED Md 201 W. 1, 2, AND 3 TO THE FU M 3. RETAIN PAGE 5 D 2 SHOULD BE FILED, V O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS HARWOOD. Laborer Land Fill USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 136. STREET ADDRESS
44565 UMUDDY CREEK RD HARWOOD T. PAGES 1 AND 2 SHOI DIVISION OF WITAL REC 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, M MIDDLE MIDDLE TONGUE ELT TONGUE KAYHERINE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMAN 166. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) NO 219 34 4894 EDITH TONGUE 4565MUDDY BE USED AS A BURIAL TRANSIT PERMIT PA TI OF HEAITH AND MENTAL HYGIENE, DIVI SURAL, CREMATION, OR REMOVAL. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertensive Cardiovascular Disease SUDDEN IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? BURIAL, YES ICATE, WRITING THE WORI FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENTO NO I 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) PRIOR TO HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21f LOCATION 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE execute the certificate, writ page 4 Should be forward **to funeral director:** page : after death, with the state i AT WORK AT WORK MARYLAND, 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my ápinian Hamicide Undetermined manner TITLE (SPECIFY) DATE 11/20/82 A.A.CO. SIGNATUR MEDICAL EXAMINER BALTIMORE, EXAMINER'S NAME Elmer G. Linhardt, M.D. ADDRES Chesapeake Ave., Annapolis, Md. 21403 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Burial Nov Chews Church Owensville BP 24. FUNERAL DIRECTOR .E. Hicks llk 1922 Forest DriveMd **DHMH-17** (VR A 15 ME (5)) 15M 2/80

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME LAST 20. DATE OF DEATH MONTH TYPE OR PRINTI RUTH NAOMI TURNER 1982 NOVEMBER 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HPS IF UNDER I YEAR 22, 1901 White July Female Ja BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY Frederick, Md. U.S.A. WIDOWEDIX DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY GLEN BURNIE NORTH ARUNDEL HOSPITAL Payroll Clerk Fed. Gov't USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13e STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? Md. 407 E. Walton Ave. 21225 Brooklyn Pk NOIX A.A. YES T 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Whipp Warter DeLauter Myra ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. LIF YES, GIVE WAR OR DATES) IYES NO OR UNKNOWN) 216-10-3919 Mr. Raymond D. Turner 1515 Chape1 No Na 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED NOF NO I YES 21s. ACCIDENT WAS UNDERLYING TO THE TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF PULLEY IN ITEM IS PART I OFFINE 2) 00 HOUR A.M. MONTH DAY YEAR DECONTRIBUTING CAUSE OF DEATH OF EITHER NOTIFY MEDIC ALFRAMINER 211. LOCATION 21d INJURY OCCURRED THE PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC I NOT WHILE 22x I certify that (1) (this haspital) attended the declared from saw the deceased alive an 10 above. (I) (we) (did) (did not) wew the body after death and that in (my) (our) apiman death occurred on the date and hour and from the course states 276 SIGNATURE THE DATE SIGNED DEGREE ATTENDING PHYSICIAN C DIRECTOR | PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME LTYPE OR PRINTIL 72¢ ADDRESS should be MOHAMMAD KHODABANDELOU, M.D. 1101 PATAPSCO AVE., BALTIMORE, MARYLAN 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial A,1982 Cedar Hill Cem. Brookl vn 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 356. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 Singleton Funeral Home Gien Burnie Md NOV (VRA 15, 4)

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1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2	2/8/2					
REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH RE 1. DECEASED NAME FIRST MIDDLE LAST T20. DATE KNOW	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.					
(TYPE OR PRINT) OF ESTI	I. <u></u>					
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE	MONTH DAY YEAR 2d. HOUR					
Female White 4 22 31 51 yrs. For Day Months Days Hours Min PRONOUNCED DEAD	11 19 52 PM					
FOREIGN COUNTRY) MARRIED NEVER MARRIED	CITY OR COUNTY OF DEATH					
Maryland U.S.A. WIDOWED DIVORCED & ALLE	MELLED FT CO. MD.					
(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE	IFE) OR INDUSTRY					
SUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. COUNTY 131. CITY OR TOWN 132. LIY OR TOWN 134. INSIDE (ITY LIMITS? 136. STREET ADDRESS YES NO 1461 Harrow	Avenue 21114					
14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST FIRST MIDDLE FIRST MIDDLE	LAST					
Harvey Noyes Grace	Markley					
Harvey Noyes Grace 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 17. INFORMANT ADD 220-30-5656 Emil VanAelst 1461 Ha:	rrow Ave. 21114					
: So ≥ LO 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEIN ONSET AND DEATH					
PART I DEATH WAS CAUSED BY: A A A A A A A A A	June					
Conditions, if ony, which gove rise to immediate couse (a) stating the under-lying couse lost. Conditions, if ony, which gove rise to immediate couse (b) stating the under-lying couse lost. DUE TO, OR AS A CONSEQUENCE OF						
Iging cause lost. (c) PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1.						
PART 2 OTHER SIGNIFICANT (DNDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101						
196 DATE OF OPERATION 196 DATE OF OPERATION 197 CONDITION FOR WHICH OPERATION WAS PERFORMED? 198 CONDITION FOR WHICH OPERATION WAS PERFORMED? 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN 1)	20 AUTOPSY?					
	YES NO-					
NOT WHILE NOT WHILE AT WORK STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK CITY OR TOWN STREET CITY OR TOWN	COUNTY STATE					
22a. Icertify that I taok charge of the remains described obave, held an Autapsy , Inspection , Inquiry , death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE	DATE SIGNED 11/19/82					
EXAMINER'S NAME (ITYPE OR PRINT) PARE 2 4 8 230 BURIAL, CREMATION, REMOVAL 236 DATE 1236 NAME OF CEMETERY OR CREMATORY 123 LOCATION	hy-					
BP Burial 11/23/82 Lorraine Park Cemetery Woodlawn	Mary Iand					
DHMH-17 (VRAI5 ME(5)) 15M2/80 24. FUNERAL DIRECTOR ADDRESS 21229 Pubbard Funeral Home, Inc. 4107 Wilkens Ave. 256. Date Rec'd. By Registrar 1756 NOV 2 3 1982	THE PARTICLE C					

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Lubnard F neral Home, I c. 4107 Wil ens Ave.

FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE REGISTRAR	DEI AR	CERTIFICATE C	OF DEATH	REG. NO.		EST		
1. DECEASED NAME FIRST	MIDDLE	LAS1		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
EDW:	IN "nmn"	VANOVER	100	NOVEMBER 18	1982	9:30A M		
3. SEX	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
Male	White	Aug. 8,	1903	79 YRS	MONTHS DAYS	HOURS MIN.		
70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEV	ED MADDIED	9. BALTIMORE CITY OR COUN	ITY OF DEATH			
Virginia	U.S.A.	WIDOWED X	DIVORCED	ANNE ARUNDEL COUNTY M				
10. CITY OR TOWN OF DEATH	ING HOME OR OTHER	INSTITUTION	12a USUAL OCCUP	12b. KIND C	OF BUSINESS OR			
GLEN BURNIE		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH ARUNDEL HOSPITAL			Assemblyman Genl. Moto			
SUAL RESIDENCE (IF NURSING HOME 136 STATE 136 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	DE CITY LIMITS?	13e STREET ADDRESS		21 061		
Maryland A.		Burnies	NO X	223 S. Hamm	onds Fe			
14 FATHER'S NAME			ER'S MAIDEN NAM	AE .				
Aaron	B. Vanos	ver	Martha	Jane	Ha	11		
60. WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFO	RMANT	ADDRESW11	mingto			
(YES NO OR UNKNOWN) (IF YES	A 403-0	7-6304 Mr.	Eugene	E. Vanover	(son)	19810		
	gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF							
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHIC	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			YES, WERE FINDIN			
RTI				YES NO YES NO				
OR COLUMNIC COLUMN		DAY YEAR	w injury occurre	ED (ENTER NATURE OF INJURY IN ITEM I	8, PART 1 OR PART 2)			
(IF EITHER NOTIFY MEDICAL EXAMI	21e. PLACE OF INJURY	19 211 LOC						
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC) S	TREET	CITY OR TOWN	COUNTY	STATE		
sow the deceased alive	220.1 certify that (I) (this hospital) ottended the deceosed from							
HT 9	Me	DEGREE		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED		
MAPHYSICIAN'S NAME (TO	COLLECTION COLLECTION	22e. ADD	3236	MOUNTAIN ROAD				
HAMID A. I	HAMID A. TOWHIDIAN, M.D.			DENA, MARYLAND	21122			
230. BURIAL, CREMATION, REMOV	AL 23b. DATE 236	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE		

DHMH - 16 50M 1/B1 (VRA 15, 4)

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IMPORTANT: If Item 21 is

SINGLETON FUNERAL HOME GLEN BURNIE, MD.

NOV '82

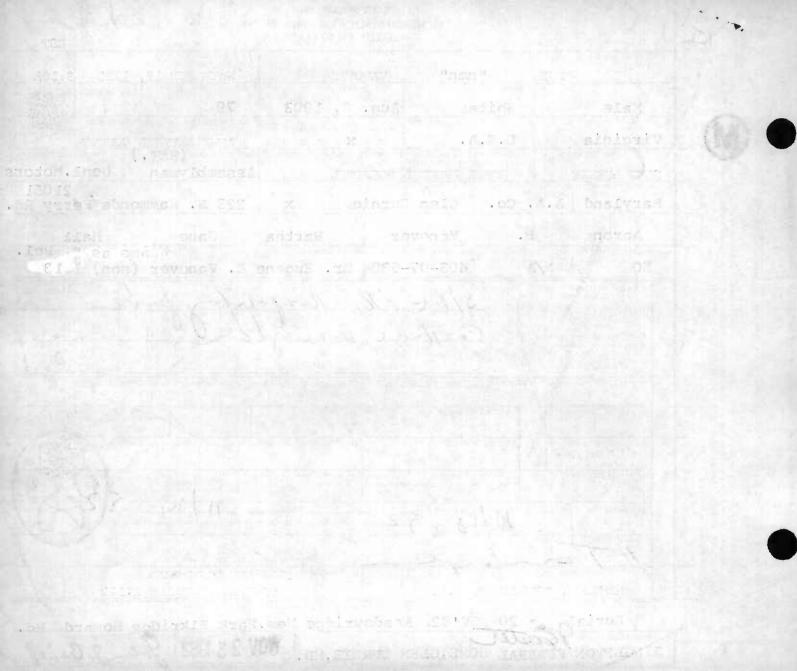
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COUNTY

K Elkridge Howard Md.

BY REGISTRAR 256. POSTRAR'S SIGNATURE

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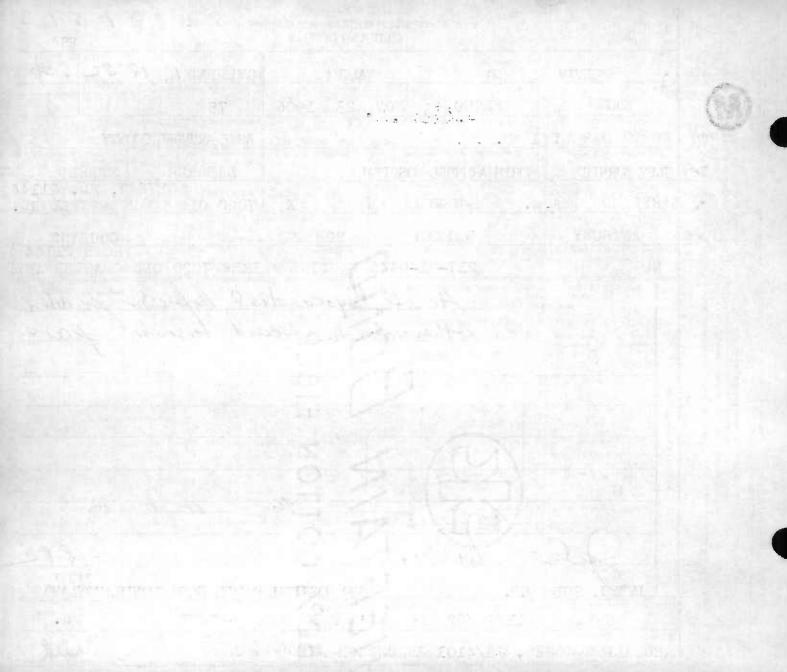
STATE OF MARYLAND

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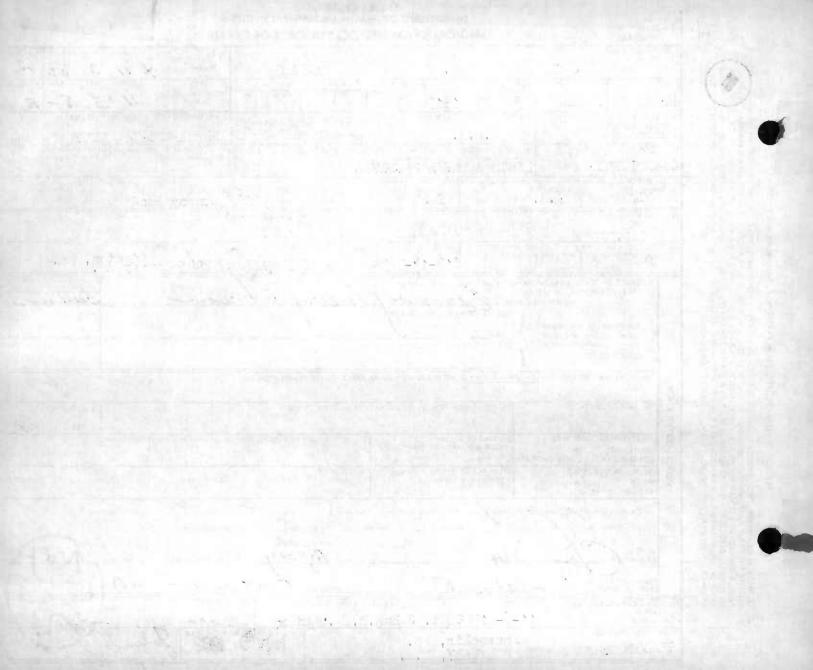
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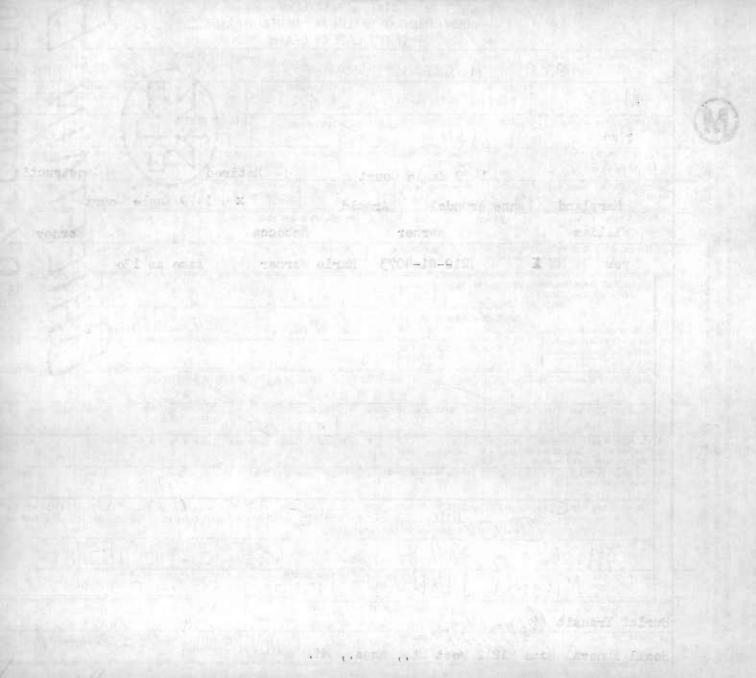
5	1.	FOR - STATE REGISTRAR	DEF	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 2	2 7	8 7 :	5
		CEASED NAME FIRST	MIDDLE	l	AST	20. DATE OF DEATH		YEAR 26. HOUR	_
		MELVIN	0		IALKER	NOVEMBER	1 18 8	200	М
	3. SE.		4. RACE	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	DAYS HOURS MIN	
	7n B1	MALE IRTHPLACE (STATE OR FOREIGN	NEGRO 76 CITIZEN OF WHAT COUR	NOV	23 1906	75	YRS.		
C	NO	ORTH CAROLINA	U.S.A.	MARRIED NEVER MARRIED			9. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY		
4	GL	ITY OR TOWN OF DEATH LEN BURNIE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NORTH ARUNDEL HOSPITAL			12a USUAL OCCUPATION OF WORK FOR MOST OF LABORE	F WORKING LIFE) INDI	KIND OF BUSINESS OF TEEL	R
5	130. S 1AI	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY A	TY 13c. CITY OF	RTOWN	13d. INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS 7820 OLD		MD. 211	44 D.
C	14 FA	ANTHONY	MALK		15. MOTHER'S MAIDEN NA ROBERTA		C	OUSTNS	
	4.5	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	SECURITY NO.	PAULINE WA	ALKER/7820	110	AD 21144 JARTERFIE	FL
3	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTION 196 CONDITION FOR W	G TO DEATH BUT		200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C.	FINDINGS USED AUSES OF DEATH?	
5		21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	YES NO	YES THE PART I OR P	NO [
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19 PFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn cou	NTY STATE	_
		22a. I certify that (1) (this hasping saw the deceased alive on above 11 (c) (did) (did no 22b. SIGN ATURE	11-17-	19 82 on	d that in (my) (our) opinion o	, to			st
		Jaly	= Agle	m		MEDICAL STAF	F	DATE SIGNED	>
		JACK STERN	M.D.		300 HOSPITAL	DRIVE, GLE	N BURNIE.	21061 MARYLAND	
	(BURIAL BURIAL	23b. DATE 11/22/82		MEM PAR	23d. LOCATION	COUNTY	Md. STATE	
	24 Ft	INERAL DIRECTOR	TD /47 0 400	RESERVATION OF THE	25a. DAT	E REC'D. BY REGISTRAR	2 MEGISTRAR'S S	GNATURE	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME £ ID ST 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) ESTI-JOHN W. WALLACE DEATH MATED 1952 4 RACE 3. SEX DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 1919 MALE BLACK 5 DEAD Th. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY MARYLAND U.S.A. WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION BE FILED 12a. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY BURNTE ARUNDEL HOSPITAL CORDS USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY ODENTON 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 2945 Conway Road YES NO T OF WITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FORM PM FIRST MIDDLE MIDDLE LAST BESSTE SHORTER REN. JAMIN 17. INFORMANT ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. DIVISION PAGES (YES_NO_OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Conway Rd. Md. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c).) PERMIT. WEEN CASSET AND DEATH PART I DEATH WAS CAUSED BY BURIAL-TRANSIT PERMITAND MENTAL HYGIENE, IMMEDIATE CAUSE (a OR AS A CONSEQUENCE OR REMOVAL Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a. DATE OF OPERATION USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF PRIOR TO BURIAL, OF YES [21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL 0 CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (ATHOME 21f. LOCATION 21d. INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE STATE C AT WORK AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNEAL DIRECTOR: PAFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: 22a. I certify that Land Charge of the remain described above, held on Autopsy Inspection and in my opinion death resulted Homicide Suicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNATUR SIGNED EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE St. John A. M. E . Cemterv -Odenton BP. Marriel on A 24. FUNERAL DIRECTOR DHMH - 17 Annanclis. Md. (VR A15 ME (5)) & SONS MORTUARY, P. 30M 7/73



STATE OF MARYLAND

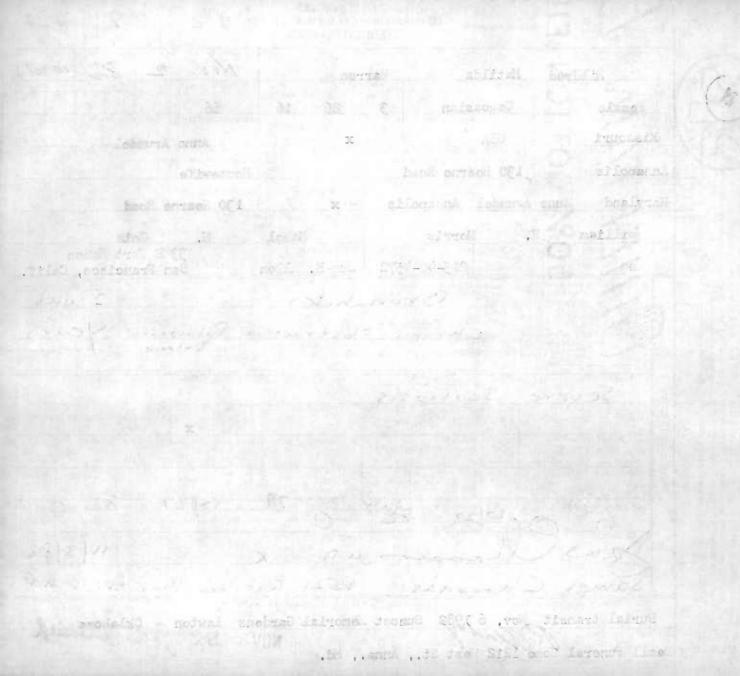


25	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 5 2	2 / 3 / 3 E.S.T.
o ωξ		CEASED NAME FIRST MARY	MIDDLE	WARREN	NOVEMBER	
4 moy b	3 SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	771
Poge	7a. B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED WEVER MARRIED	9. BALTIMORE CITY OF	YRS. COUNTY OF DEATH
her death. Per funeral within 72 kied at on	3	TY OR TOWN OF DEATH	ULS, AJ	WIDOWED DIVORCED RSING HOME OR OTHER INSTITUTION		EL COUNTY MD. 12b. KIND OF BUSINESS OR
by the filed wife hotified	G	LEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE S' NORTH ARUNDE	TREET ADDRESS)	(TYPE OF WORK FOR MOST OF	working life INDUSTRY
24 hour	USU	AL RESIDENCE IN NURSING HOME OR STATE 13b. COUN		FORE ADMISSION) 136. INSIDE CITY LIMITS? YES \(\text{NO } \text{NO } \text{D}	13. STREET ADDRESS	Hammonds Ferry le
completely to a long 2 sho	14.77	THERE NAME	MIDDLE NICHOI	500 SON STATES	TEC MIDDLE	DAVIS
be execut an ond co		VAS DECEASED EVER IN U.S. AR (ES. NOOR,UNKNOWN) (IF YES. GIV	MED FORCES? 166. SOCIALS 217-1	8-0289 Mr. Frne	est warren 6	ol85. Hammonds Fetry
physicio n popers movol.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	1 . // ./		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ending e corbo n, or re matic e		1749	DUE TO, OR AS A CONSE		e C	18 mg ths
equires that the de n signed by the oth Then please removing injury, at other tran-		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	course of career		18 months
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2 + 0 >	ATIO	190. DATE OF OPERATION	Tachure fro-	in Breat Cancer	20g AUTOPSY?	206. IF YES, WERE FINDINGS USED
iction. The low siction. The hos busing permit permit permit permit permit shows or shows or the shows or t	CERTIFICATION				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
YYSICIAN: The lo ding physicion. is certificate hos burial-transit per Mental Hygiene I or frem 18 shows.		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
G PHY otherdir ond M ked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	PICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOV	VN COUNTY STATE
TTEN pitol TOR: for us of He 21 is		220.1 certify that (1) (this hospin sow the deceased alive on above. (1) (we) (did) (did no			, to n deoth occurred on the do	, 19, that (I) (we) last te and hour and from the couses stated
the horter to the border to be		22b. SIGNATURE	Alman ,	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FAN [
HOSPI		226. PHYSICIAN'S NAME (TYPE O	M D	PALTIMORE	SOUTH GREENE MARYLAND 21	
D € D € \$ \$ €	230.	BURIAL CREMATION, REMOVAL		231. NAME OF CEMETERY OR CREMATORY	236 LOCATION	ons DACO. STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. F	UNERAL DIRECTOR SEPH L. Rus	5 2221 W AN	in-th ave. 250. D	OV 1 7 1982	Shadistrak's SIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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	1.	FOR - STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYL EALTH AND ICATE OF I	MENTAL HYG	IENE 8 2	2	7 8	7 9
		CEASED NAME FIRST	M	IDDLE		AST		20. DATE OF DEATH		DAY YEAR	2b HOUR
o † 0	1	Mildred	Matilda	a	War	ren		Nov.	2	87	10:30 A.M
	3 SE	Х	4. RACE		5. DATE C	F BIRTH		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	30	Female	Cauca	sian	MONTH 3	26	16	66	YRS.	MONTHS DAYS	HOURS MIN.
- ·		IRTHPLACE (STATE OR FOREIGN COUNTRY)		VHAT COUNTRY?	8 '			9 BALTIMORE CIT		OF DEATH	
hin 72		lissouri	USA		WIDOWE	D NEVER	NORCED	Acces			MD.
with	10. C	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME C			12a USUAL OCCUP		12b. KIND C	OF BUSINESS OR
100C	An	napolis		racility, give street Road				Housewif		FE) INDUSTRY	
ould be t	13a :	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Tyland Anne	ROTHER INSTITUTION	DIVE RESIDENCE BEFORE	E ADMISSION)	13d INSIDE C	ITY LIMITS?	13e. STREET ADDRES	S		
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medi	(,	YES NO OR UNKNOWN) (IF YES, GI	VÉ WAR OR DATES)	215-40-1	1572	Sue E	. Allen				Calif.
the the		18 CAUSE OF DEATH (Enter o	nly one couse per l		-	- 40	· Addition		Jail ITa	APPROX	IMATE INTERVAL ONSET AND DEATH
vent,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	D BY: TE CAUSE (o)	BY	0V	chit	1) I	WKS
or re		4917									2043
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othe		underlying couse lost.	DUE TO, OR	AS A CONSEOU	ENCE OF				7-14		
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ony	N.	19a DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?	20b. IF YES	, WERE FINDI	NGS USED
Shows	1 E							YES NOT		YING CAUSES	OF DEATH?
8	CERTIFICATION	21a, ACCIDENT WAS UNDERLYING	21b. TIME OF			21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF I			
E /		OR CONTRIBUTING CAUSE OF DE	AIR	N. MONTH DA	AY YEAR						
5	MEDICAL	21d INJURY OCCURRED	21e. PLACE O	FINJURY		21f LOCATIO	NO				
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e E		220 I certify thoy (I) this hosp	ital) attended the	deceased from	July	1-2	10 79	10/101	27	10 82	that (I) (we) lost
21.15		sow the deceased alves	1013	17 19		d that in my	(our) opinion d	leath occurred on the	date and hou	r and from the	
E		obove (I)(we) (did) (lid no	t view the body o	itter death		DEGREE				22c DATE	
-		Dog su 2	ν.			- A	ATTENDING	MEDICAL S	TAFF	11	3/82
Ž-		12d PHYS CIAN'S NAME (TYPE	OR PRINT)	ear		22e ADDRES		DIRECTOR PHY	SICIAN		-100
IMPORTANT: #		James (-1	-10.55		150	, n.	162	14	A	o and
<u>×</u>	22- 5			en as	11115 05 0	1,3 %	1 12	14chie	1400	IAMO,	2,
	1	BURIAL, CREMATION, REMOVAL				EMETERY OR		23d LOCATION CITY OR TOWN		COUNTY	STATE
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81		NAME	. Osan	ADDRESS			NO.	V-8 1982	AR 236 RECORT	KAH	make
	De 8	all Funeral Hom	1212 W	est St.,	Anna	. Md.			-		

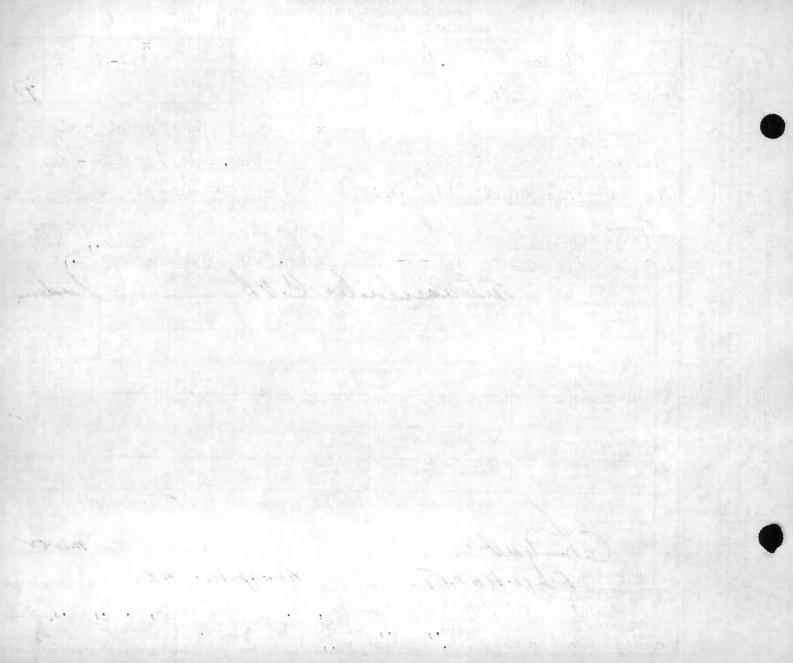


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MERCHANICATION OF THE PARTY OF		THE THE PRICE STORE STORE AND		213		

Sti	Item 6G574	12/8/82GA	DEPART/		OF MARYLAN ALTH AND ME		NR 2	2	7	8 8	
8	STATE REGISTRAR			EXAMINE	'S CERTIFIC	CATE OF DE		REG. NO.		0 0	
	ECEASED NAME YPE OR PRINT) Har	FIRST	Jeron	10	Weath	arc	20. DATE KN OF E DEATH M	STI-	П	29 ₉ 82	2b. HO
3 SE	EX 4. RACE	S. DATE C	DF BIRTH DAY YEAR	6. AGE (IN YEARS LANGEMHDAY)		IF UNDER 24 HR	S. 2c. DATE PRONOUNCE	MC	HTM	DAY YEAR	2d. HO
	Male Bla		2 34 N OF WHAT COUN	TRY?			9. BALTIMOR	RECITY OR C	OUNTY	29,82 OF DEATH	1:0
9/	S . C .		S.A.		MARRIED NEV	DIVORCED [Λ	Arunde			A
7 m.c	Glen Burnie		OF HOSPITAL, NUF IN SUCH FACILITY, GIVE ST Orth Arun	RSING HOME, C PREET ADDRESS! GE T HOS	rother institut Dital	FC	SUAL OCCUPAT OR MOST OF WORKING BOPER	TION (TYPE OF V		OR INDUST	TRY
13a. S	JAL RESIDENCE IF INNIESTATE ATYLAND		ITUTION, GIVE RESIDENCE		13d INSIDE CI	TY LIMITS? 13e. S	TREET ADDRESS	Rose			
I4.F	FATHER'S NAME	WIDDLE		LAST	15. MOTHE	R'S MAIDEN NAM		LE		LAST	
160.	WAS DECEASED EVER II	N U.S. ARMED FORC	ES? 166. SOC	IAL SECURITY N	O. 17. INFORM			ADDRESS	ohn V. R	Roseda	ale S
N		(Enter only one cous		-30-50]	3 Geor	ge Wea	thers-	Baltin	nore	APPROXIMAT	E INTERVAL
N	gave rise to it cause (a) stating to lying cause last. PART 2 OTHER SIGNIFICANT	the <u>under-</u> DU	E TO, OR AS A CON		OISEASE OR CONDITION	N GIVEN IN PART 1 (a).					
CERTIFICATION	190 DATE OF OPERAT	10N 196	CONDITION FOR	WHICH OPERAT	ON WAS PERFOR	MED?				2D AUTOPSY	
		R He	TIME OF INJURY OUR A.M. MONTH P.M.		21c. HOW INJURY	OCCURRED (ENT	ER NATURE OF INJURY	IN ITEM 18 PART	OR PART 2		NO []
MEDICAL	21d. INJURY OCCURRI WHILE NOT V AT WORK AT WO	FD 21e	PLACE OF INJURY STREET, FACTORY, FARM, ET	[AT HOME,	STREET		CITY OR TOWN		COUNT	ξY	STATE
2	22a I certify that I to death resulted from: ACTUAL SIGNATURE	Natural Mes	Accident	Suicio	M.D. ASSI	stant_M	Inquiry Letermined mann	er .	DATE SIGNED.	11/3	0/82
230.	(TYPE OR PRINT)		R. Guard		ADDRESS_ ERY OR CREMATO	1 Penn S	LOCATION	a i c i illo	COUNTY		STATE
E	Burial	12/4	/1982 Ar	butus	Mem. Pa	rk B	altimo	re Co	1	ID.	TATE
24.	FUNERAL DIRECTOR	e 1 H	EDURESS	.1	1	250. DATE REC'D.	BY REGISTRAR	7 REGISTR	AK'S SIG	NATURE	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR L DECEASED NAME 20. DATE KNOWN X MONTH OF ESTI-DEATH MATED (TYPE OR PRINT) Wein Clarice 2d HOUR 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS LAST BIRTHDAY) PRONOUNCED emale O BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED anuland WIDOWED X DIVORCED II. CITY OR TOWN OF DEATH II, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Len Burnie 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Westway NO TX Manuland 4 FATHER'S NAME MIDDLE MIDDLE uo.ene ADDRESS Balto 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 2102 Kalb Manon 110 18. CAUSE OF DEATH (Enter only one cause get ling PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO P 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED THE PLACE OF INJURY (AT HOME. STATE STREET COUNTY STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALIJMORE, MARYLAND, 21: 22a. I certify that I taak charge a) the remains described above, held an Autopsy Inspection Undetermined manner Homicide death resulted for TITLE (SPECIFY) Glen Haven Mem. BP. **DHMH-17** (VR A15 ME (5))

15M 7/76



1 -	-	FOR		STA DEPARTMENT OF	TE OF MARYLA		2 0	0 7	0 0	Z
. X	1-	STATE REGISTRAR	N		ER'S CERTIFI		la ma	éus l	0 0 0	-
		CEASED NAME FIRST	William	MIDDLE Char	es LAST W	ELLS	20. DATE KNOWN		AY YEAR 2b.	HOUR
8. 8. 8. F.	(TY)	E OR PRINT)	3	Charles		25	OF ESTI- DEATH MATED		8 19 82 F	0 M
PEASE INFECTOR. UP FILES. THOURS STREET,	3. SE	Male Whit	AVIG OF		AY) MONTHS DAYS	IF UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONTH D		HOUR
- 1000	70. B	RTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	9	EVER MARRIED	9. BALTIMORE CITY	OR COUNTY O		
	1	Maryland	U.S		WIDOWED [DIVORCED 🔯	ANNE	ARUNL		MD.
DELATE DELATE NO BE FIE ROSS 2017	10. C	EN BORDIE	II. NAME OF H	HOSPITAL, NURSING HOME HEACILITY, GIVE STREET ADDRESS)	flos p 1	1 1 FOR	UAL OCCUPATION (TO MOST OF WORKING LIFE)		OR INDUSTRY M.B.A	
D. 21201 IF ANY DELA 2, AND 3 TO 3, RETAIN PA SHOULD BE IN N. RECORDS,	13a. S	TATE 13b. COU	NTY	13c. CITY OR TOWN Glen Bu:	13d. INSIDE	CITY LIMITS? 13e. STE	872 Amer	210 ican a	61 Cir.APT	203
MD.	14 F.	ATHER'S NAME	WIDDIE	LAST		ER'S MAIDEN NAM	MIDDLE		LASI	
DEAT OF PANE		Harry	Milton			ary	Elizab		Smith	
AFTER VE PA F FOR I SION	160. \		RMED FORCES? YE WAR OR DATES)	214-38-		bbie Pru	anty (Fri	Danie	as # 13	3
FON ST., BA 24 HOURS / TITEM 18. GI LIONG WITH PERMIT. PA GIENE, DIVI		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	inly one cause per	line far (a), (b), and (c).)	-	1			PROXIMATE INTER	RVAL DEATH
PRESTON ST ITHIN 24 HOI CIL IN ITEM I VER ALONG AL HYGIENE, REMOVAL.			ATE CAUSE (a)	aroun	Milery	dese	2		under	_
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= 8 5 7 8 °		lying cause last.	(c)					5.0		
OF VITAL RECORDS, 201 W. PRESTON ATE SHOULD BE EXECUTED WITHIN 24 H IE WORD "PENDING" IN PENCIL IN ITEM THE CHIEF MEDICAL EXAMINER ALON ILD BE USED AS A BURIAL-I TRANSIT PER MENT OF HEALTH AND MENTAL HYGIEN TO BURIAL, CREMATION, OR REMOVAL	Z	PART 2 OTHER SIGNIFICANT CONDITION	, , , ,	ATH BUT NOT RELATED TO THE TERM	IINAL OISEASE OR CONDITIO	DN GIVEN IN PART 1 (a):				
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F VITAL RE TE SHOULD WORD "PE TE CHIEF A BE USED A ENT OF HEA	TER							0.00	YES NO	OF
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O SERWES	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK		CE OF INJURY (AT HOME, FACTORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY		STATE
TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		220. I certify that I taak cha	rge of the remains		Autapsy ,		Inquiry [], c	ind in my apinio	ın	
CAL EX THE CEI SHOULD RATH, WA RE, MA		ACTUAL SIGNATUR	Bacit	•	M.D. // e	SPECIFY) POUT G MED	DICAL EXAMINER	DATE SIGNED_	11-18-82	/
TO MEDIC EXECUTE T PAGE 4 SI TO FUNER AFTER DEA AFTIMOR	100	EXAMINER'S NAME (TYPE OR PRINT)	LINHA	redt	ADDRESS	Onnep	olis, m	R		
5 A 5 A 5 A 6 A 6 A 6 A 6 A 6 A 6 A 6 A	23a. B	URIAL, CREMATION, REMOVAL			metery or cremat ivet Cem		ocation altimore	COUNTY	STATE	
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DHMH - 17 (VR A15 ME (5))			NERAL H	HOME, GLEN	BURNIE, N	11011	2 3 1982	blund	2 Course	R

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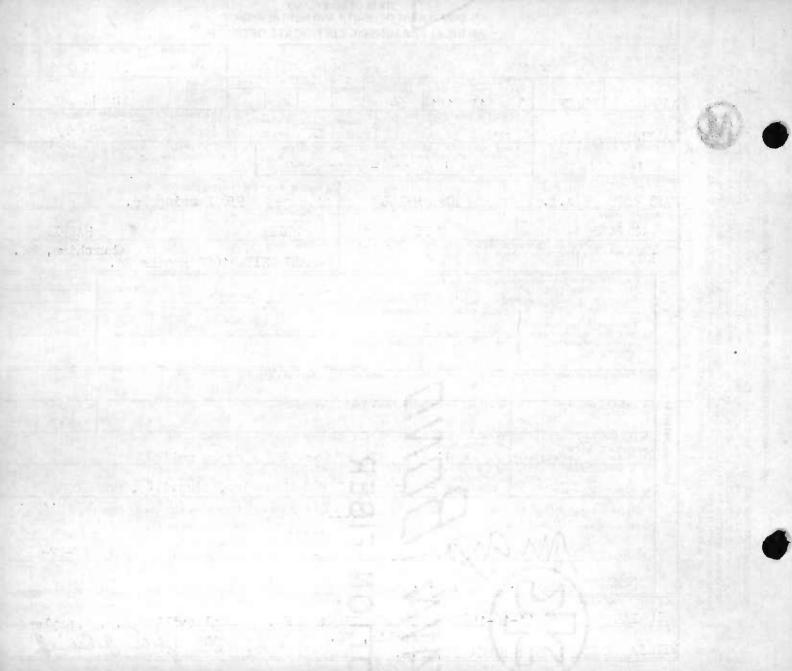
DIVISION OF VITAL RECORDS,

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ORE	and con Pages		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166. SOCIALS		17 INFORMA		165	Woodsid	de Trail	
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RES	dec ation fraur		Conditions, if only,		(b)_/	1674S7	THE L	EUNCHO	LADVIC	Chicii	Con-CO	10.	10011
×	by the		couse (o), statin	g the	DUE TO, OR	AS A CONSE	OUENCE OF						
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RE	n. n. he pi	FIC	The Date of Oreka		112 00 101			· · · · · · · · · · · · · · · · · · ·	7.0.7.2.0		IN CE	RTIFYING CAUSE	ES OF DEATH?
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DIVISION OF VIT	HYSICIA ading ph is certifi burial-ti I Mental ar hem	MEDICAL	21d. INJURY OCCUR		21e. PLACE C		19	21f. LOCATIO	ON				
/1510	1 6 6 -	ME	WHILE NOT WE	ILE 🗍		ET, FACTORY, OFF	ICE, FARM, ETC.)	STREET			ITY OR TOWN	COUNTY	STATE
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	TTEN pital TOR: far us af He 21 is				11-16		92_0	nd that in m	(our) opinion o	death accurred a	on the date and	hour and from th	ie couses stated
	A SO CO E	100	22b. SIGNATURE	(d) (d) d no	riew the body	otter death.		DEGREE	-	/		22c. DA7	TE SIGNED
	the h to DIR stacke e Dep				Murd	ovden	de 1		ATTENDING PHYSICIAN	DIRECTOR -	STAFF	11-1	6-82
	TO HOSPITAL Cretained by the TO FUNERAL D should be detected with the State D IMPORTANT: If		22d. PHYSICIAN'S N	AME (TYPE C	PRINT)		,	Tage ADDRES	2.0			10	
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	of of start	230.	BURIAL, CREMATION,				3c NAME OF C			23d. LOCATI			
	BP		Burial		11-18-			est Cer		CITY OR	TOWN	nne Amin	del. Md.
			UNERAL DIRECTOR	10	110	-		300	250. DATI	E REC'D. BY REC	ISTRAR 25% REC	GISTRAR'S SIGN	ANTURE *
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11	FOR			DEPARTMENT OF	HEALTH	AND MENTAL HY	SIENE 7	2		8	6
1,	- STATE REGISTRAF					ERTIFICATE OF		REG. NO.		-	
	ECEASED N	AME FIRST		MIDDLE		LAST	20 DATE K	NOWNYY MO	ONTH D	DAY YEAR	26 HOUR
(YPE OR PRINT)	George			Wh	ite	OF	MATED	1 1	1 1982	
1	EX	4. RACE 5.	DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	DER I YR. IF UNDER 24				DAY YEAR	
1 1	TIP	BLACK	MONTH DAY	1918 64 YE		S DAYS HOURS ME	PRONOUNG	CED	1 1	1 1982	8:1.
-	BIRTHPLACE	(STATE OR 7b	CITIZEN OF WE				9. BALTIMO	ORE CITY OR CO	OUNTY (1 0 1/4
	FOREIGN COUNT		USA		WIDOW	ED NEVER MARRIED	Anne	Arundel	Cou	intv.	F34.3
	RYLANT CITY OR TOV		. NAME OF HOS	PITAL, NURSING HOME			USUAL OCCUP			KIND OF BU	USINESS
	Gales	ville	Q56 ROL	citity, give street address)	- roa	r yard	FOR MOST OF WORK	ING LIFE)		OR INDUST	(RY
	JAL RESIDEN	CE (IF IN NURSING HOME OR O	THER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSI	ON)						
	STATE	136 COUNTY		13c. CITY OR TOWN			e. STREET ADDRES				
=	RYLANT			GALESVILLE	j	15. MOTHER'S MAIDEN N	956 Benn	ing Rd.			
	CHES	A	AIDDLE	WH ITE	20-1	FIRST	WIE	DDLE		LAST	
-	WAS DECEA	SED EVER IN U.S. ARMEI	D FORCES?	166. SOCIAL SECURIT	YNO	ELIZA		ADDRESS		HARRIS	
100	(YESTING OR UN	KNOWN) (IF YES, GIVE WAR		100. SOCIAL SECONI	1140.		4000 7		Chur	chton,	, Md.
_						NORMAN WHIT	E 1000 R	ogers R	a.		
	18 CAUS	E OF DEATH (Enter only of DEATH WAS CAUSED B)	V							APPROXIMAT BETWEEN ONSE	
	01	/ IMMEDIATE	CAUSE (a)			Thorax & Ab	odomen				
	76		DUE TO, OR	AS A CONSEQUENCE	OF						
		rise to immediate	(b)								
		(o) stating the <u>under</u> - cause lost.	DUE TO, OR	AS A CONSEQUENCE	OF						
	171119	couse iosi.	(c)					A Park			
		R SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATN	BUT NOT RELATED TO THE TERM	INAL OISEASE	OR CONDITION GIVEN IN PART 1	(0),				
CERTIFICATION											7.15
A	19a. DATE	OF OPERATION	196. CONDIT	TION FOR WHICH OPER	ATION W.	AS PERFORMED?	-	- 115	2	20 AUTOPSY	3
			- 1							YES XX	NO 🗌
-	210 EXTER	ING XXOR	216. TIME OF	INJURY MONTH DAY YEAR	21c HC	OW INJURY OCCURRED I	ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)		
		ING MAOR UTING □ CAUSE OF DEA				bject was sh	not by no	olice			
MEDICAL	21d INJUR	Y OCCURRED	21'e PLACE C	OF INJURY (AT HOME,	21f. LOC	CATION					Car.
2	WHILE AT WORK	NOT WHILE XX	STREET, FACT	one - yard	95	6 Benning Ro	oad Gales	Sville.A	nne	Arunde	el STATE
						,				CO.	,Md.
		ertify that I took charge o	t the remains des			Inspection	, Inquiry		my opinio	on	
	death re	sulted from: Notural	causes 🔲,	Accident L., Su	icide	, Homicide XX	Indetermined mor	ner .			
	ACTUAL	//// /	NAK	À		TITLE (SPECIFY)			ATE	11 10	00
	SIGNATU	RE /	VVX		M	D. Assistant	MEDICAL EXAMI	NER SI	ATE IGNED_	11-12-	-82
	EXAMINE	R'S NAME A	M D	- M D		111 5) C1				
100	(TYPE OR	PRINT) /\III	M. Dixor			ADDIKESS	Penn Stre	e (
	(SPECIFY)	MATION, REMOVAL 236		23c. NAME OF CE	METERY O	R CREMATORY 2	23d. LOCATION CITY OR TOWN		COUNTY	S	STATE
	BURIAI		1-16-198	2 EBENEZER	R CHU	RCH CEME	Calest		A	Mame	lond
24	FUNERAL DI	RECTOR	ADDRESS	Annapoli	s. Md	NOV 1	D. BY REGISTRAR	E 123 EGISTRA	R'S SIGN	VATURE J	A :
W	T.T.TAM	REFOR & CON		A CT VCTA		1401	0 1902	John	-Xu	wheel	94



Micel HOROL WHITE LANGUL WILLIAM DHATE Y Y WELL Theo had used Park Parage Harriston was Caro the William to Insurance Western THE PLANT AND A STREET OF STREET A The state of the Winds All 1908 of Marketine Inches a second

70	1 - STATE 12-20-82 cn CERTIFICATE OF DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 7 8 8								
/		REGISTRAR	11	CERTIFICATE OF DEATH	REG. N	o .			
	(TYP	CEASED NAME PIRST	MIDDLE	Wiegard		MONTH DAY YEAR 26. HOUR OF M			
	1. SE	male	1. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 2 HRS MONTHS DAYS HOURS MIN.			
To be book	71.8	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH			
0 11	10. C	ITY OR FOWN OF DEATH	11. NAME OF HOSPITAL, NURSING A (IF NOT IN SUCH FACILITY, GIVE STREET	WIDOWED DIVORCED [12a USUAL OCCUPATI	ON 12b KIND OF BUSINESS OR INDUSTRY			
1201 to 1201	1/	nnapolis	Onne Orunde Other institution, give residence before	el Gen. Hospi	a ENGINEE	RUMUNS GOVN'T			
NO 24 PG	130.	MD. IS COUN			130. STREET ADDRESS	aley ave.			
12 M 21	14. F	17 1 . 4 . 4 . 5	MIDDLE (1) SE LAST	D AMELI	MIDDLE	PACRICUAST			
M. Secured Control of		DERUTORU VAS DECEASED EVER IN U.S. AR/	MED FORCES? 16b SOCIAL SECT		ADDRE	55 21401			
MTIMO Se a De a	-	NO	- 1213-18-	1446 RUTH CA	LAHAN W	IEG ARD # 13			
ST. 82 ordical smooth smooth event,		PART I. DEATH WAS CAUSE	ly ane cause per line far (o)(b), ar BY: E CAUSE (a)	renofore F	alure	5-6 days			
STON tendin a corb on, or r		Canditians, if any, which	DUE TO, OR AS A CONSECUL	ENCE OF	Elso	13 gleens			
V. PRE the st remain her tra		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU		/				
as tho med by pleose widt, y, et et			(c)ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART ITO			
ORDS	ATION	190 DATE OF OPERATION	18th CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED			
ALREA Days of the bo- construction of the bo- the board of the board o	CERTIFICATION	1973	Lung Cau		YES NO	IN CERTIFYING CAUSES OF DEATH?			
Physical Physics of the Physics of t	AL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA			URRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART ?)			
Person this ca this ca don'the	MEDIC	21d. IN JURY OCCURRED	P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	211. LOCATION	CITY OR TO	WN COUNTY STATE			
DING of she rath o		AT WORK AT WORK	ral) attended the deceased from	4/22 19	8	tree, 1982, that It (we) last			
ATTEN ATTEN BECTOR d for u A. of Hu		saw the deceased alive an abave, (I) (did) (did) a	l) view the bady after death.		on death accurred on the d	ate and haur and from the causes stated			
A DA OR A DA O		22b. SIGNATURE	action	DEGREE ATTENDING PHYSICIAN	MEDICAL STA				
HOSPIT FUNE PUNE PUNE PUNE PUNE PUNE PUNE PUNE P	1	224. PHYSICIAN'S NAME (TYPE O	R PRINT)	220. ADDRESS	1.1.	110-0 110 700			
0 2 3	23a.	ALCHARD - F	10CMAN 11, 23L	NAME OF CEMETERY OF CREMATOR	THE FOR	MAPOLIS MD 2401			
BP TOWN	1	UNERAL DIRECTOR	11-19-82 5	T. MARYS CEM	DATE REC D. BY REGISTRAR	BOLIS OF THE IVID			
DHMH - 16 50M 4/82 (VRA 15, 4)	Jo	HOM. Taylo	K Sons HOUNA	O.OMD N	10V 02 1982	John & Court			

Heaven I S. A. Land William Street A CONTRACT OF THE PARTY OF THE BRUKES LIEVERY AMELIA REESCK STALL LOW CHARLES IN THE SHARE CARREST LESS APP ST IN BACK I STORE THE THE KINDS OF THE THEORY OF THE BOOK A CONTRACTOR OF THE STATE OF TH Lear M. Landon Sur Harman Har Thomas De Francisco Caralle

1		REGISTRAR		CEKTIFICATE OF	DEATH	REG. NO.		E.S.T.
4		CEASED NAME FROM	WIDDLE	LAST	NO DIE	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
feath /	1	PAULINE	MARGARET	WILBUR	-13	NOVEMBER 27.	1982	11:05PM
6 4 4	1.5		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
ge 4		ternall	White	MAY 30	1726.	56. YR		
Po P	10.1	BRIMPLACE (STATE OFFOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED -	9. BALTIMORE CITY OR COU	NTY OF DEATH	
deoth of	11	laryland.	V.S.A.	WIDOWED D	NORCED [ANNE ARUNDE	EL COUNTY	MD.
1 1 2	10.0	HAD TO MW OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		MOITUTITE	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		F BUSINESS OR
	-	GLEN BURNIE	NORTH ARUNDEL	HOSPITAL		Housewife		Home
B	USU	IAL RESIDENCE (IF NURSING HOME OF	VIY. 113c CITMOR TOW		CITY LIMITS?	8137 Foxwell	e Rd.	21108
NA L	14. F	ATHERS NAME	MIDDLE LAST	15. MOTHER	'S MAIDEN NA	ME / MIDDLE	LAST	
W 10 2		John	Breitsch		Bess:		Brau	
28-16		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (# YES, OD					ame as #	
14 4		(YES, NO PUNKNOWN) (IF YES, GIN	YE YAR OR DATES) 218-22	-5478 Mr.	Harry	y O. Wilbur,		SBAND)
opper and		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line or (a), p), on	V. V. W V.		· C. lali	BET WEEN O	NATE INTERVAL
940	1		TE CAUSE (o)	ore run	nonar	y conversm		
cort cort , or notic		, , ,	DUE TO, OFFAS A CONSEQUE	NCE OF + + 1	100	2. fell. (081	1100 29	nonths
nove of or other		Conditions, if any, which gove rise to immediate	1 maite	renuncia	HOV	e and and	morna	
the en		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	INCE OF	left x	ung	No.	
ed by oleose riol, cr			(c)			-(-		
Then p to bur njuny,	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED	D TO THE TERM	INAL SEASE OR CONDITION	GIVEN IN PART 10	
- 4 6 +	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFO	ORMED	20a AUTOPSY? 20b. IF	FYES, WERE FINDIN	GS USED
shows ar	3 5			_		YES NOW IN CE	RTIFYING CAUSES (OF DEATH?
	3 8	210. ACCIDENT WAS UNDERLYING		21c HOW II	NJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2)	
110 = _	//	OR CONTRIBUTING CAUSE OF DE.		AY YEAR				
o × p	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATI	ION	CITY OR TOWN	COUNTY	STATE
s the ond rked	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC)	<u> </u>	- All D		JIAIC
m olt		-	ital) attended the deceased from	11-16	82		1982.1	hot (1) (we) last
of He 21 is		sow the deceased alive or	ot) view the body after death.	ond that in (my) (our) opinion	death occurred an the date and	haur and from the c	ouses stated
ept.		226. SIGNATURE	or, view the oddy differ death.	DEGREE			72c DAJES	HIGNED
2 D 4		S. Falher	ranalhan	M.D	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/2	8/82
Sto Sto		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRE		HOSPITAL DRIVE	SIITE 1	08
should be deto with the State		S PATHMANA	THAN, M.D.	GLE		E, MARYLAND 21		T
543 3	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR		234 LOCATION		
		SPECIF Burial		Meadowrido		PKA Elkridge	e Howar	d Md.
5044 4 122	24.	UNERAL DIRECTOR 4-00	alle		250 DAI	E REC'D. BY REGISTRAR 256 RF	STRAR'S SIGNATE	
50M 4/82 5, 4)	5	SINGLETON IF	UNERAL HOME, G	LEN BURNI	E, MD	OV 30 1982	shung !	shelf
	-							

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2

	27, 1982 ————————————————————————————————————		ultur 764	THURSDAY	BADLINE	
Y	saro ison	TA HOMA			L. Averla	
	1.5 J			NORTH ARDVIN	TOWN 18	W.
			acusus A A			
	169 Tu-	V Table				
104	artus ,avin	328 HOSPITAL H LEN BURNIE, VENYLAN	A MARIE	A Committee of the	S. PATISHER	

V	1.	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND LEALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 2	10.	2 7	8	9
-		CEASED NAME	FIRST	A	MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b HOUR
-0.0		CONTRINCT	Ida		M.	u	oilen		11	3	82	, 15
	3 SE	x Female		4 RACE Whi	te	S. DATE C	DE BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY)		ERIYEAR	IF UNDER 24
72		IRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY		D NEVER MARRIED DIVORCED	9 BALTIMORE CITY Anne An	OR COUN		intu	
90		illersvil		JE NOT IN SUCH	FACILITY, GIVE STRE	ET ADDRESS)	or other institution sing Home	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING		KIND OF DUSTRY	
35	13a. S	AL RESIDENCE HEN STATE anyland	13b COUN		GIVE RESIDENCE BEFORE 130. CITY OR TO Len Bi		13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	Char	iten	Rd.,	210
20		Henry		MIDDLE	Sheet	5	15. MOTHER'S MAIDEN NA Anna	WE			LAST	
	(VAS DECEASED EV YES, NO OR UNKNOWN) 20		MED FORCES? E WAR OR DATES)	166 SOCIAL SEC 278-05-0		Mrs. Genevi	eve Mornis		as	#13	
		18 CAUSE OF DE PART I. DEATH HHO Conditions, if o gove rise to	MAS CAUSE IMMEDIAT ny, which immediate	Ó BY: E CAUSE (¤)	AS A CONSEQU	rdi	ue Arres	t Cerosis			APPROXIMA BETWEEN ON	ATÉ INTERVASET AND DE
	7	couse (a), sto underlying con PART 2 OTHER SI	use lost.	(c)	AS A CONSEQUENTRIBUTING TO		NOT RELATED TO THE TERM	NINAL DISEASE OR COM	IDITION G	IVEN IN	PART 1101	
2	CERTIFICATION	19s DATE OF OPER	DK	19h CONDI	Nell	H OPERATION	WAS PERFORMED	18s AUTOPSY?	IN CERT		FINDING	
9	-	71s. ACCIDENT WAS I OR CONTRIBUTING [UP SITHER HOTELW	CAUM OF BEA	Win Charles College	A. MONTH I	DAY YEAR	TIL HOW INJURY OCCUR	Read Madde		Tree Search		
	MEDICAL	THE INJURY OCCU	JRRED	71s PLACE C	F INJURY ET FACTORY, OFFICE	FARM STC)	211 LOCATION	city ox s	Diene.	60	UHTY	57.6

BP____

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR:

should be detoched with the State Dept.

After this certificate has been

230. BURIAL, CREMATION, REMOVAL 230. DATE 11/5/1982
24 FUNERAL DIRECTOR Balts
Mc ully Funeral Homes 237 E

Meadownidge Mem Pk

22e ADDRESS

ATTENDING PHYSICIAN

OGRUADA PORTON

DIRECTOR PHYSICIAN

1 1-00 D. 68, mg

274 DATE SIGNED

Pk Elknidge, Howard, Manylas

250 Date REC'D BY REGISTRAN REGISTRAN'S SIGNATURE

5 1982

hand Comely

A PLANT OF MENT OF THE PARTY OF to the second of THE STATE OF THE S Condine Property Land CONTRACTOR OF THE STATE OF THE THE A SHOW THE LEADING A CHANGE marin - define a mercaril as as the edicine, mure, media A DESCRIPTION OF THE PROPERTY OF THE PROPERTY

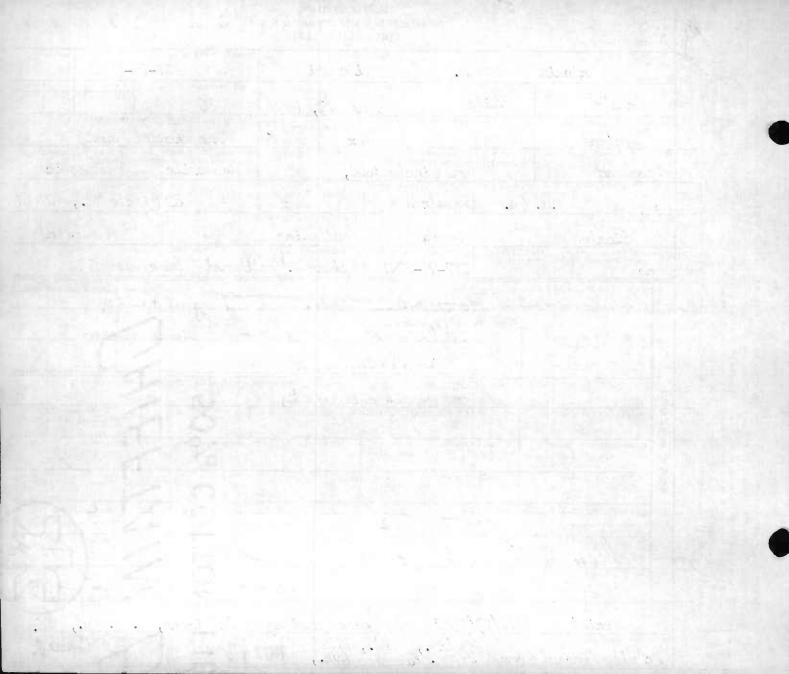
3. SEX Ma 70 Bi FO W	1 4. RACE White	15. DATE OF BIRTH	awes	LA		20. DATE KNOW	NN MONTH	DAY YEAR	
Ma 70 BI FO W 10. CI	le White	MONTH DAY		Wi	lloughby I	II OF EST	ED XX 11	1 19 82	2 b . HOU
10. C1	RTHPLACE (STATE OR	Oct. 1,	1950 32	YEARS IF UND HDAY) MONTHS YRS.		MIN. PRONOUNCED DE AD	MONTH	1 1982	2d HOU 11:4
	ashington DC	76 CITIZEN OF WHA		WIDOWE				rundel C	
	len Burnie	North A	Arundel Ho	spital	RINSTITUTION	120. USUAL OCCUPATIO FORMOST OF WORKING LI Maintenan	FE)	OR INDUSTR	Esta
130. S Ma	ryland Ann		13c. CITY OR TOWN	on	YES X NO	900 East	ham Cou	ırt	
	ATHER'S NAME FIRST SAMUEL H VAS DECEASED EVER IN U.S. A		loughby	Jr.	S. MOTHER'S MAIDEN Kathryn 7. INFORMANT	F.	DRESS	Riley	
[YE	ES, NO, OR UNKNOWN) (IF YES, GIV	et Nam	579 68			illoughby		ame as	#13
	PART I DEATH WAS CAUSE Canditions, if ony, which gove rise to immediate cause (a) stating the under lying couse to the under lying couse to the under PART 2 OTHER SIGNIFICANT CONDITION	ATE CAUSE (o) DUE TO, OR A (b) DUE TO, OR A (c)	S A CONSEQUENC	E OF	CONTINUENT NAMES			BETWEEN ONSET	and death
CERTIFICATION	19a DATE OF OPERATION		ON FOR WHICH OP			1 (0).		20. AUTOPSY?	
	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		NJURY MONTH DAY YE 11/1/19	AR	v INJURY OCCURRED	(ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PAR	YES XX	NO [
MEDICAL	214 INJURY OCCURRED		INJURY (ATHOME.	21f LOCA	ATION	Crofton	A.A.	Md.	STATE
	22a I certify that I took char death resulted from: Nay ACTUAL SIGNATURE	1		Autapsy Suicide 2,	Hamicide	Undetermined manner MEDICAL EXAMINER	and in my ap DATE SIGNE	11/	1/82
2 230.B	EXAMINER'S NAME HOTEL	nez R. Guard	M.D.			n St. Balto			
(5	SPECIFY)	4Nov1982	Cedar		Cemetery		d PG	Md	ATE

~ /					SIAI	OF MARTLA	עאו	Drs. A	-	Trad	0.00
XL	FOR STATE REGISTRAR			DEPARTA		EALTH AND I	MENTAL HYG EATH	IENE 8 2	2 .	7 8	9
	PECEASED NAME		,	MIDDLE	l	AST		20. DATE OF DEATH	MONTH E	DAY YEAR	26 HOUR
	/	Rabert		F,	W	1/15	SR.		11 2	3 82	5 A
21	SEX		RACE		5 DATE C		100	6. AGE (IN YEARS LAST 8	IRTHDAY)	IF UNDER 1 YEAR	# UNDER 24 HE
50	Ma	18	WH	ITE	MONTH	10	95°	87	YRS.	MONTHS! DAYS	HOURS MI
7a.	BIRTHPLACE (ST	TATE OF FOREIGN 71	CITIZENOF	WHAT COUNTRY?	8 MARRIE	□ NEVER A	ARRIED -	9. BALTIMORE CITY		OF DEATH	
	Md.		USA		WIDOWE		ORCED	AhrE AR	undel		
7 10	CITY OR TOWN	OF DEATH 1		HOSPITAL, NURSIN	IG HOME C	R OTHER INST	ITUTION	170 USUAL OCCUPA		12b. KIND OF	
LUB	POOKlyn	PRo V	MERIA	ian Nurse	CTP.	Hamme	nds han	Gang Le	ader	Balt	o . C:
		(IF NURS AG HOME OR O	THER INSTITUTION	I, GIVE RESIDENCE BEFORE		13d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS	0.11		16711
	Md.	A.A		Linthic	cum	YES 🗌	NO X	104 Mapl	e Rd.	(2109	0)
26	FATHER'S NAME FIRST	MI	DDLE	LAST			MAIDEN NAM			LAST	
	ohn		Α.	Wills	_	Elizabeth		и Н.		Ham	mond
160	LYES, NO OR UNKNO	WN) (IF YES, GIVE V	ED FORCES? WAR OR DATES)	16b SOCIAL SECUI		17 INFORMA		ADDI			
=	No			219-18-		John	Wills	604 Woo	d St.	(2122	
	18 CAUSE OF PART I. DE	DEATH Enter only ATH WAS CAUSED	one couse per	r line for (a), (b), and	d (c) l					BÉTWEEN OF	NATE INTERVAL NSET AND DEA
	113 GIMMEDIATE CAUSE (0) Cardiac arrive										
	42	72	DUE TO, O	R AS A CONSEQUE	NCE OF	. 0	0-	rolierradeu	100	100	
	Conditions, if ony, which gave rise to immediate (b)						te ce	Cocco devec			
	cause (a), underlying	stoting the couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF			alla	es		
	PART 2 OTHE	RSIGNIFICANT CO	(c)_	ONTRIBUTING TO D	EATH BUT	NOT BELATED	TO THE TERMI	NAL DISEASE OR COM	IDITION CIVI		
NO				0.418.001840102	DOT	NOTRELATED	TO THE TERMI	INAL DISEASE OR COL	NDITION GIVE	IN IN PART ITO	
CERTIFICATION	19a DATE OF C	PERATION	19b. COND	ITION FOR WHICH	OPERATIO	WAS PERFO	RMED	20m AUTOPSY?	20b. IF YES,	WERE FINDING	GS USED
7	13373							YES NO	IN CERTIFY YES	TING CAUSES	OF DEATH?
		VAS UNDERLYING	216 TIME C	FINJURY M. MONTH DA	Y YEAR	21¢ HOW IN.	IURY OCCURRI	ED (ENTER NATURE OF INJ	URY IN ITEM 18 PA	ART I OR PART 2)	
7 8	(IF EITHER NOTE	IG CAUSE OF DEATH		M.	19						
MEDICAL	21d INJURY O	CCURRED	21e. PLACE	OF INJURY	RM FIC	21f LOCATIO	N	CITY OR T	OWN	COUNTY	STATE
1	AT WORK	AT WORK									
		hot (1) (this hospital					. 19	to		19	not (i) (we)
	sow the d obave, (i)	leceosed olive on (we) (did) (did not) :	view the body	ofter death.	, on	d that in (my)	our) opinion d	eath occurred on the	lote and haur	and from the co	ouses state
	226. SIGNATUR	RE				EGREE				22c. DATE S	IGNED
	1	1	1	1		HD &	TTENDING HYSICIAN	MEDICAL STA	CIAN [11 23	182
1	22d. PHYSICIAN	N'S NAME (TYPE OR P	RINT) L.	Seenivasa	n, M.	22e ADDRESS					
		266	-VII	14341		60	6 Hamm	onds Lane,	Baltin	nore, M	1. 21
23a	BURIAL, CREMA	TION, REMOVAL	23b. DATE	23t N	IAME OF C	METERY OR C	REMATORY	23d. LOCATION		COUNTY	3/1/20
	Bürial	7.71	11/26		. 01	ivet (emete	ry Balt	Imore	COUNTY	Md
	FUNERAL DIRECT			.21225 ADDRESS			250. DATE	W 2 6 6 6 W	256. REGISTA	PAR'S SIQUATO	Elvis
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DIVISION OF VIT

(VRA 15, 4)

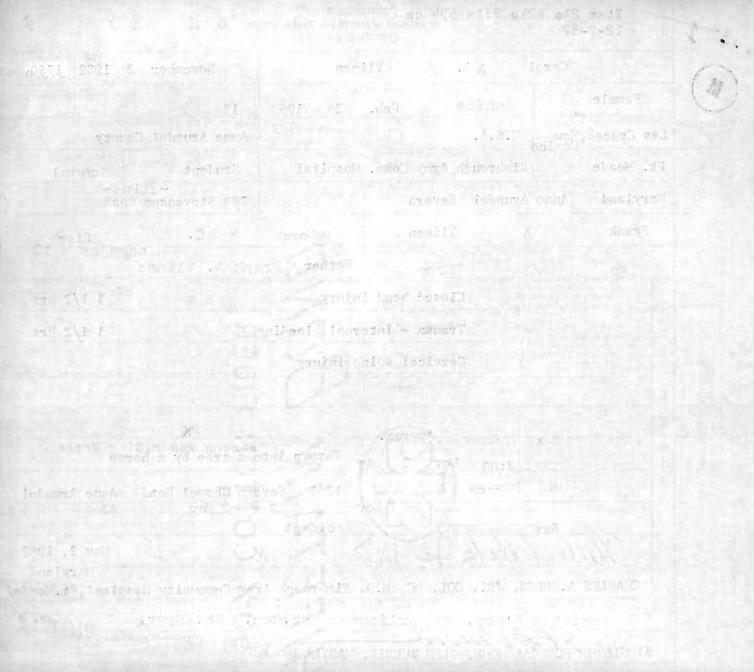
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after cretained by the hospital or attending physician.
	Section 2

X		OR PRINT) Care	ol Anne	Ylinen		2 1982 5:30p _M
2/	3. SE	Female	white	5. DATE OF BIRTH Feb. 26 1969	6. AGE (IN YEARS LAST BIRTHDAY) 13 YRS.	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
168	La	SUNCTUCES, New Mexic	U.S.A.	MARRIED NEVER MARRIED X	Anne Arundel Co	
2/	Ft	TY OR TOWN OF DEATH . Meade	Kimbrough		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY School
185	Ma	ryland Anne	or other institution, give residence before Arundel 130 Severn	N 13d. INSIDE CITY LIMITS?	780 Stevenson I	44- Road
20		Frank	A Yli ^{AST} en	15. MOTHER'S MAIDEN NA Deborah	WIDDLE	Clark
e medicol		(AS DECEASED EVER IN U.S. A ES, NO. OR UNKNOWN) (IF YES, O N	RMED FORCES? IVE WAR OR DATES) None		ank A. Ylinen	ime as # 13
ony injury, or other traumotic ev	NOI	Canditians, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	Internal bleedin		1 1/2 hrs 1 1/2 hrs EN IN PART 1(0)
	MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	21b. TIME OF INJURY APPER	Y YEAR Thrown in	INCERTIF	WERE FINDINGS USED YING CAUSES OF DEATH? I'm ger "Horse rse
S mork	MED		21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F Dital) attended the deceosed fram 10	2 Nov 19 82	, , ,	Anne Arunde1
D Z		abave, (1) (we) (did) (4) (2) 22b. Slor (ATURE 22d. PHYSICIAN'S NAME (TYPE	on view the Body after death.	ATTENDING PHYSICIAN	MEDICAL STAFF	Nov 2, 1982
IMPORTANT: IF		22d PHYSICIAN'S NAME (TYPE	OR PRINT	22e ADDRESS	Army Community Ho:	Maryland



BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical examiner must be abilities.

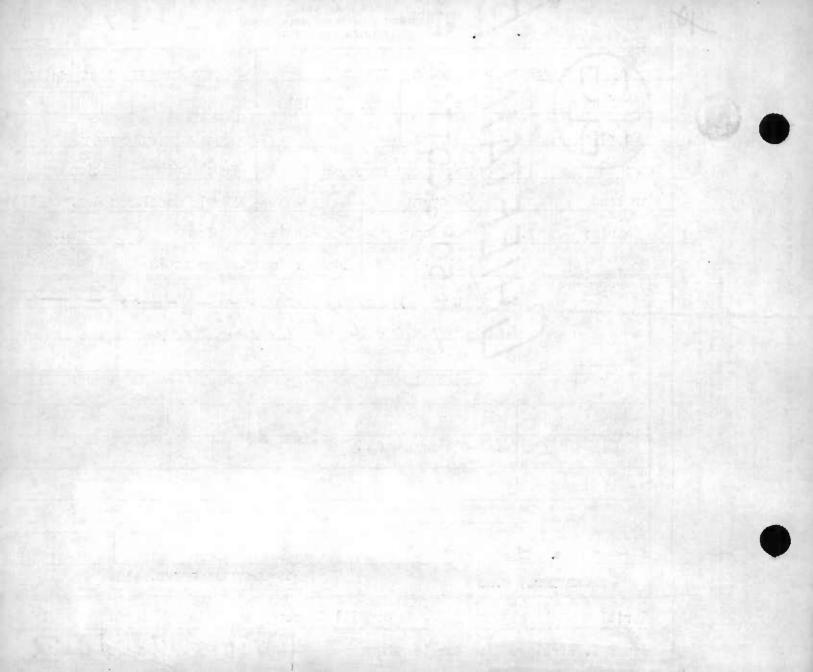
STATE O	FMARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR			CEKIII	ICATE OF DEATH	REG. NO	0.		EST	
		CEASED NAME FIRST	,	MIDDLE		AST		MONTH DA	DAY YEAR 26. HOUR		
	LITPE	GEOF	RGE WAS	SHINGTON	YOU	NG	NOVEMB	ER 17.	1982	1:00P M	
	3. SE)	K	4 RACE		5. DATE C		& AGE (IN YEARS LAST BIR	THDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS	
9		Ma le	Whi	te	Nov		69	YRS.	DATS	HOURS MIN.	
C		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH		
1		Georgia	USA		WIDOW	D DIVORCED	ANNE ARU		YTMUO:	MD.	
4	III. NAME OF HOSPITAL, NU. GLEN BURNIE NORTH ARUN				ADDRESS)		Truck Dr	F WORKING (IFE)	INDUSTRY	ed	
1	USUA	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)						
5	M	laryland A	A	Severn	/N		755 Old Do	onalds	on Ave	. 21144	
35	14. FA	Charles	Y. MIDDLE	Young		Mattie	Tom		Brya	ant	
	160 V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE		T. DA 131		
	(1	NO (IF YES.	GIVE WAR OR DATES!	216-18-	5888	Edna R. Youn	ng, Same as 13				
9	CERTIFICATION	COUSE (0), Stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEATH OF THE PROPERTY OF THE									
1	RTIF		TV LINE				YES NO	YES		NO 🗌	
7	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF FEITHER NOTIFY MEDICAL EXAMI 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	DEATH HOUR A NER) P.: 21e PLACE	M. MONTH D. M.	19	211. LOCATION STREET	ED (ENTER NATURE OF INJUI		RT (OR PART 2)	STATE	
		220.1 certify that (1) (this has sow the deceased alive	•	e deceosed from_		, 19	, to			that (I) (we) lost	
		obove (I) (we) (did) (did	not view the body	offer death		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF	22c. DATE		
		22d. PHYSICIAN'S NAME (TVI RECEP ER					SPITAL DRI	VE, #1			
	23a. B	URIAL, CREMATION, REMOV Burial	23b. DATE 20 NOV			Hill Cemetery	Baltimor		AA	Mid	
	24 FL	James S. Kirk	ley, Gler	Burnie,	MD	NOV	1 9 1982	25 GISTR	2. Co	hill	



TO HOSPITAL OR ATTENDING PHYSKCIAN: The law requires that the death certificate be executed within 24 haurs after death. retained by the haspital or attending physician.

1		FOR Items 11 F	Phone 11-17 DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYGIE	ENE 8 2	27899
/)	1 -	STATE REGISTRAR		IFICATE OF DEATH	REG. NO).
		CEASED NAME FIRST	mas A. Yo	UCA	20. DATE OF DEATH	MONTH - 6-82 120 M
	3. SE.	nale	NEGRO S. DATE	- 84-95	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.
135		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY? & MARR WIDOV	IED WEVER MARRIED	Anne 7	RECOUNTY OF DEATH MD.
13	10 C	DEALE	11. NAME OF HOSPITAL, NURSING HOME INP NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Anne Arundel Gen.	Hosp.	120. USUAL OCCUPATION OF WORK FOR MOST OF	
Must be	13a. S	TATE 13 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION OF TOWN & PROPERTY OF TOWN & CONTROL OF TOWN & C		STREET ADDRESS	Hington Dr.
0020	14. FA	WILLIAM	MIDDLE YORUNK	15. MOTHER'S MAIDEN NAM	E	BLAKE
medical			RMED FORCES? IN SOCIAL SECURITY NO.	17. INFORMANT 507-MARIAN	W. LANCAS	ER-SAMES AS 13A
noval.		PART I. DEATH WAS CAUSI		,		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
n, ar rer matic ev		4100	DUE TO, OR AS A CONSEQUENCE OF	CLEROVIN		
dse removal, crematio		Conditions, if ony, which gove rise to immediate couse. (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
a burio uny, ar	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONE	DITION GIVEN IN PART 110
permit. It	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \bigcap \)
ental Hygier Hem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
se os the burr cith and Mer marked or th	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE FARM ETC.)	216. LOCATION STREET	CITY OF TOV	WN COUNTY STATE
for use o of Health 21 is mar		22a.1 certify that (I) (this hope sow the deceased alive or	n OCT 19 oftended the deceased from 19 52	and that in (my) (w) opinion de	, 10	ste and hour and from the causes stated
detoched rote Dept.		22b. SIGNATURE C.	lower h.	DEGREE ATTENDING PHYSICIAN F	MEDICAL STAF	FIAND 22C. DATESIGNED
with the Stote		22d. PHYSICIAN'S NAME (TYPE OF DONAL)	ORPRINTI ROBAT R.D.	16/6 Fonest	- Davie	Annapolis 21403
AS W W	230.	BURIAL, CREMATION, REMOVAL	11 .00 10	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY SPATE
50M 4/B2 5, 4)	24. FI	UNERAL DIRECTOR	N-1661 GOO HERE	25 NA	PEGO. BY REGISTRAR	25 LANGISTRAR'S SIGNATURE

DHMH - 16 50M (VRA 15, 4

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